# Dr. Astrid Weller-Bergmann Fachzahnärztin für Kieferorthopädie

Beethovenallee 58

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53173 Bonn				
	Ple	ease use prin	nted letters!	
Patient Surname			Insured Surname	
Patient Name	Birthdate		Insured Name	Insured Birthdate
Home Address: Sti	reet		Employer, Profession	
Postcode, City			Surname Spouse	Spouse Birthdate
Home Telephone			Work Telephone	
Email Address				
Dentist			Siblings in orthodontic treat	ment
Insurance or Health (please also list location	h <b>Fund</b> and branch e.g. DAK Bonn, TK Nordrhein)		Nationality	
Are you:	private insurance	federal	assistance office	assistance office
	"Postbeamtenkasse"	🗌 self pa	yer (without orthodontic insurar	nce)
	public insurance	🗌 public ir	nsurance with private suppleme	entary insurance

## Welcome to our Practice!

Prior to sitting with you to discuss your orthodontic wishes and questions, we require some personal details as well as medical information about the patient. This is important to determine the most suitable and risk-free treatment. All information is subject to medical confidentiality. Thank you for answering the questions below.

You were sent to us by?, you first heard about us from?		
You found us in the Yellow Pages 🗌 in Google 🗌 in our website 🗌 elsewhere?		
Is the patient currently in orthodontic treatment? Has the patient been in orthodontic treatment in the past? -if yes, Dr, in,	Yes □ □	No □ □
Has an orthodontic consultation occurred during the past year?		
Are recent x-rays (last half year) of the patient's jaws and teeth available?		
Are there cases of missing teeth in the family?		
Has the patient suffered from any of the following illnesses?         - if yes, which:       rickets       diabetes       hepatitis A/B/C       heart disease         epilepsy       tuberculosis       HIV       other:		
Is the patient consuming any medication on a regular basis, if yes, which?		

Does the patient have any orthopedic, spinal issues?	Yes	No
Does the patient have any TMJ complaints?		
Does the patient grind their teeth? Does the patient wear a tooth guard?		
Does the patient have any of the following breathing problems?         asthma       allergenic asthma         frequent colds       since:         breathing through mouth       snoring		
Does the patient have an allergy or hay fever? If yes, against what?		
Has the patient had any ENT (Ears, Nose Throat) operations?         tonsils (ectomy)       when:         adenoids (ectomy)       when:         nasal septum correction       when:         paracentesis       when:		
Any thumb sucking or similar habits?  finger ca. until years pacifier ca. until years other: ca. until years		
Any lip or tongue habits?		
Does the patient have any speech problems or tongue dysfunction? - if yes, what kind of dysfunction		
- has a therapy treatment occurred?		
Has the patient had any accidents affecting their head or neck areas? <ul> <li>if yes, when? any dental injuries?</li> <li>with loss of teeth or broken jaws?</li> </ul>		
Have the wisdom teeth been removed?		
Are parents divorced? -Devision of custody: Father% Mother%		
I give my consent to the preparation of diagnostic documents as required for the treatment.		

Invoicing is prepared in accordance with the relevant medical legislation and dental tariff regulations (GOZ). It is important to understand that payment of invoices is in no case dependent on the reimbursement for such treatment from your medical insurance or other reimbursing entity. The different contractual arrangements are the basis for this, i.e. we have a legal agreement with you, whereas you have an agreement with the reimbursing entity. Invoices are to be paid in full within the standard payment period.

We are always trying to keep waiting times as short as possible. We therefore ask you to contact us at least 24 hours in advance of you need to cancel your appointment. Appointments, which are not cancelled, can only be rescheduled during mornings.

I declare that I give my consent to archive required data in the practice and if necessary to transfer the data to a billing center for further processing.

I declare these statements to be true to the best of my knowledge.

Bonn,

### Dr. Astrid Weller-Bergmann Fachzahnärztin für Kieferorthopädie Beethovenallee 58

#### 53173 Bonn

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Fax:

26.06.2023

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#### Information about Data Protection

Dear patients,

according to the new Data Protection Regulation (DSGVO) we are obliged to inform you about data protection. In the following, we inform you about the data processing that takes place at our clinic. Please read this information carefully and feel free to contact us if you have any questions.

Information on the practice's internal handling of the current Basic Data Protection Regulation

- In our practice, patient data is collected, processed and stored electronically from the very Beginning. We have received a declaration of confidentiality from the companies responsible for the software and hardware.
- Within our practice, all medical and non-medical employees have access to your patient data. All employees are obligated to data protection and have signed a declaration of confidentiality at the beginning of their employment in our practice.

#### **Declaration of consent**

#### Processing of personal data, possible purposes and legal basis

In the course of treatment, data concerning your person and the course of treatment are processed, among other things. Processing may also take place, for example, for the purposes of conducting interdisciplinary conferences for the analysis and discussion of diagnostics and therapy, for preliminary, joint or further treatment, for administrative processing (e.g. billing, controlling, preparation of doctor's letters/reports) and for quality assurance reasons.

If a consultation or treatment takes place in our practice, we may request your patient data from colleagues who are also treating you or transmit your patient data to colleagues who are also treating you or are treating you further, because they are required by us or the colleagues (e.g. as part of a consultation or an expert opinion procedure). The co-treating colleagues may be dentists, physiotherapists, speech therapists, oral surgeons and clinics, etc. The transmission of patient data can take place by telephone, fax, letter or email.

The legal basis for data processing usually results from the treatment relationship. In addition, there are various legal regulations that allow us as a practice to process the data or order us to do so. Furthermore, processing is of course also permitted in cases where you have given us your consent.

#### Possible recipients of your data

Your data may also be transferred to third parties if and to the extent that there is a corresponding legal basis. Such third parties are in particular:

- depending on your insurance status, statutory health insurance funds or private health insurance companies
- accident insurance institutions
- general practitioners, further, follow-up or co-treatment physicians
- Other health care or treatment facilities (e.g., for physiotherapy or speech therapy)
- external data processors/service providers (e.g. Align Technology, Ormco, Computer Konkrekt)
- Expert witness

By signing below, I consent to the above data protection measures of Praxis Kieferorthopädie Bad Godesberg. I am aware that I can revoke this declaration in whole or in part at any time for the future. I have read and understood this notice.

Name, first name of patient: Date of birth of the patient:	
Name, first name of the insured:	
Name, first name of legal guardian:	
Name, institiame of legal guardian.	

Place / date Signature of patient / legal guardian / insured person