

Dr. Astrid Weller-Bergmann
Fachzahnärztin für Kieferorthopädie
Beethovenallee 58

Telefon: 0228 - 184 73 74
Fax: 0228 - 184 73 75

53173 Bonn

Please use printed letters!

Patient Surname		Insured Surname	
Patient Name	Birthdate	Insured Name	Insured Birthdate
Home Address: Street		Employer, Profession	
Postcode, City		Surname Spouse	Spouse Birthdate
Home Telephone		Work Telephone	
Email Address			
Dentist		Siblings in orthodontic treatment	
Insurance or Health Fund <small>(please also list location and branch e.g. DAK Bonn, TK Nordrhein)</small>		Nationality	
Are you:	<input type="checkbox"/> private insurance	<input type="checkbox"/> federal assistance office	<input type="checkbox"/> state assistance office
	<input type="checkbox"/> "Postbeamtenkasse"	<input type="checkbox"/> self payer (without orthodontic insurance)	
	<input type="checkbox"/> public insurance	<input type="checkbox"/> public insurance with private supplementary 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? _____

	Yes	No
Is the patient currently in orthodontic treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient been in orthodontic treatment in the past? -if yes, Dr. _____, in _____	<input type="checkbox"/>	<input type="checkbox"/>
Has an orthodontic consultation occurred during the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Are recent x-rays (last half year) of the patient's jaws and teeth available?	<input type="checkbox"/>	<input type="checkbox"/>
Are there cases of missing teeth in the family?	<input type="checkbox"/>	<input type="checkbox"/>
Has the patient suffered from any of the following illnesses? - if yes, which: <input type="checkbox"/> rickets <input type="checkbox"/> diabetes <input type="checkbox"/> hepatitis A/B/C <input type="checkbox"/> heart disease <input type="checkbox"/> epilepsy <input type="checkbox"/> tuberculosis <input type="checkbox"/> HIV <input type="checkbox"/> other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient consuming any medication on a regular basis, if yes, which? _____	<input type="checkbox"/>	<input type="checkbox"/>

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 Konkret)
- 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: _____

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