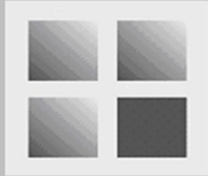

Oralchirurgisch-Zahnärztliche Gemeinschaftspraxis **Dr. Fichna und Kollegen**
Schalkhäuser Straße 10 91522 Ansbach Tel.: 0981-650 50 650 Fax: 0981-5586

Dr. Ralf-Werner Fichna Zahnarzt, Fachzahnarzt für Oralchirurgie
Tätigkeitsschwerpunkte: Implantologie Parodontologie
ZÄ Iris Schweizer Zahnärztin, Tätigkeitsschwerpunkt: Kinder-und-Jugendzahnheilkunde
Dr. Oliver Knappe Zahnarzt, Fachzahnarzt für Oralchirurgie
Dr. Dr. Martin Kestel Angestellter Zahnarzt, Facharzt für Mund-Kiefer-Gesichtschirurgie

Registration

Please before the treatment fill out.

Mr./Mrs.: ____
Name Firstname Date of Birth

Address privat: ____
Street

____
postal mailing code City

____
Telephone number / Handy

____
e-mail

____
Social Security Number

Health insurance company: ______________________________________

Duty Soldiers: ______________________________________
Date of Birth

In the interest of a complicationlees treatment
I ask for the following data:

☐ Carry a cardiapacemaker

☐ Suffer from blood illness or blood clotting breakdown run gene

☐ Sallergi reactions
approximately: ____

☐ Or have you had one of the following diseases:______________

☐ Asthma

☐ Haycold

☐ High blood pressure

☐ Low blood pressure

☐ Heart illnesse (Infarkt, heartterror)

☐ Liver illness

☐ Sugar illness

☐ Rhematism

☐ Cramp-suffle (Epilepsy)

☐ Kidney illness

☐ Do you suffer from an illness, which is not specified?
If which? ____

☐ Take regulary medicines, if which:

____

For woman: are you pregnant? ☐ yes / month______

☐ no

Were you x-rayed in the last 12 month in the head/mouth range ☐ yes

☐ no

____

Date Signature

We would like to paint out you that this from serves exclusively internal expiration of practice.