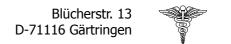
Dr. Reinhard Winkelmann Dental office



ental office

Phone: +49-7034-20561 Fax: +49-7034-929747 Email: praxis@oxidio.de

	Last name			first name		middle name, NOT initial	
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Address	Street		<u> </u>	zip-code		town	
Di							
Phone:	Home	_		work		cell	
						33.1	
Email-address	hom	e				work	
Social Security Number					Birthda	ay (dd/mm/yyyy)/	
Your social security number will the dental office for any financia Provide you with our services							
Is the Patient enrolled in the Tri e	care Dental Prog	ram -	TDP?	?	□ yes	□ no	
Is the Patient command spons	ored?				□ yes	□ no	
If "YES" - Military Unit:							
Patient's Insurance							
hypertension valvular defect cardiovalvular replacement pacemaker endocarditis heart surgery convulsive seizures (epilepsy): asthma/ lung diseases: coagulation diseases: diabetes mellitus: drug addiction: nephropathy: fainting fits:	☐ yes	□ no					□ yes □ no □ yes □ no
hypertension valvular defect cardiovalvular replacement pacemaker endocarditis heart surgery convulsive seizures (epilepsy): asthma/ lung diseases: coagulation diseases: diabetes mellitus: drug addiction: nephropathy: fainting fits: other diseases: Are you pregnant?	☐ yes	□ no	if yes	s, in which	month?	AIDS hepatitis tuberculosis allergies or intolerances: local anaesthesia/injections antibiotics analgesics	□ yes □ no
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heart/ cardiovascular diseases: hypertension valvular defect cardiovalvular replacement pacemaker endocarditis heart surgery convulsive seizures (epilepsy): asthma/ lung diseases: coagulation diseases: diabetes mellitus: drug addiction: nephropathy: fainting fits: other diseases: Are you pregnant? Have dental X-rays of you been t Which drugs do you take regular	□ yes	□ no	if yes □ ye	s, in which s	month?	AIDS hepatitis tuberculosis allergies or intolerances: local anaesthesia/injections antibiotics analgesics metals: when	□ yes □ no □ month

Dr. Reinhard Winkelmann Dental office

Name (Last, First, Middle)
Payment Policy
In order to continue providing first class dentistry for our American patients, we had to make a minor amendment to our office policy. Starting in May 2012, all services and treatments will need to be paid in full in advance . Exceptions from this regulation can only be made with a written arrangement from Dr. Winkelmann personally. We kindly ask for your understanding, as this has become necessary due to an increasing amount of patients leaving the country without paying their accounts. (For TRICARE patients this will only affect the costshare part of your bill).
Payments can be made either cash or with your credit card. Bank transfer will not be accepted.
We are recently experencing many "no-shows" for appointments. This now requires us to take Action and forces us to implement the German law - Failure to show for Appointments (§§ 650 / 280 BGB).
This Law states that when you fail to show at your scheduled time or not give this office a 48 hr. Notice, so we can fill it with someone else, you can be fined the following:
300 EUR per Hour for Appointment with dentist 120 EUR per Hour for Appointment with Dental Hygenist
Please be considerate to others who could use this appointment should you not be able to make yours! It could be beneficial to you and your wallet to keep your scheduled appointments
Gärtringen, the signature:
I agree that when necessary, in the case of extensive dental surgical or technical performances for which an advance financial concession to the dental technician be made by my dentist, enquiries over my creditworthiness can be obtained through a credit protection or reference agency. I agree that when necessary, that the dental office can ask for a deposit before starting dental treatment.
Gärtringen, the signature: