Dr. Reinhard Winkelmann
Dental office

Blücherstr. 13
D-71116 Gärtringen

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

Name (Last, First, Middle)..... _____ _____ _____
Last name | first name | middle name, NOT initial

Address..... _____ ___ _____ _____
Street | # | zip-code | town

Phone:..... _____ _____ _____
Home | work | cell

Email-address..... _____ _____
home | work

Social Security Number..... _____ Birthday (dd/mm/yyyy).... ___/___/___

Your social security number will only be used by this dental office and not shared elsewhere. It is required by us to protect the dental office for any financial discrepancies. With failure to produce your SSN, we would regret not being able to Provide you with our services

Is the Patient enrolled in the **Tricare Dental Program** - TDP? ☐ yes ☐ no

Is the Patient **command sponsored**? ☐ yes ☐ no

If „YES" - Military Unit: _____

Patient's Insurance..... _____

Please answer the following questions regarding your state of health absolute exactly!
The information is subject to professional medical secrecy as well as to the regulations on the protection of the privacy of personal data, and will be treated strictly confidential.

heart/ cardiovascular diseases:

hypertension	☐ yes ☐ no
valvular defect	☐ yes ☐ no
cardiovalvular replacement	☐ yes ☐ no
pacemaker	☐ yes ☐ no
endocarditis	☐ yes ☐ no
heart surgery	☐ yes ☐ no
convulsive seizures (epilepsy):	☐ yes ☐ no
asthma/ lung diseases:	☐ yes ☐ no
coagulation diseases:	☐ yes ☐ no
diabetes mellitus:	☐ yes ☐ no
drug addiction:	☐ yes ☐ no
nephropathy:	☐ yes ☐ no
fainting fits:	☐ yes ☐ no
other diseases:	.....

infectious diseases:

AIDS	☐ yes ☐ no
hepatitis	☐ yes ☐ no
tuberculosis	☐ yes ☐ no

allergies or intolerances:

local anaesthesia/injections	☐ yes ☐ no
antibiotics	☐ yes ☐ no
analgesics	☐ yes ☐ no
metals:	.....

Are you pregnant? ☐ yes ☐ no if yes, in which month? ..... month
Have dental X-rays of you been taken before? ☐ yes ☐ no if yes when.....

Which drugs do you take regularly or at present? ..... since.....
..... since.....
..... since.....

I agree with the electronic storage and processing of my data.

I commit myself to immediately inform you of all changes that occur during the entire period of treatment. Furthermore, I engage myself to keep to agreed sessions or to cancel them at least 2 days before the arranged date.

Gärtringen , the ..... signature: .....

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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: .....