Welcome to our praxis!

Dr. Miersch
Fachzahnarzt für Kieferorthopädie

Adress
Dr. Stefan Miersch
John-F.-Kennedy-Platz 9
38100 Braunschweig

Tel. / Fax
0531- 4 61 35
0531- 1 38 93

Internet / E-Mail
www.dr-miersch.de
info@dr-miersch.de

Before we start talking about your orthodontic wishes or worries, we need to know some general informations about you or your child. Those informations include your or your childs personal data and your general health status. Those informations are important for an appropiate and risk-free treatment. Of course all collected data of you will be treated with medical confidentiality.

Patient Mr./Mrs./child

Surname _____ Name _____ born _____

Adress:

Street _____ No. _____ priv. no. _____ Cell phone no. _____

Postcode _____ City _____ E-Mail _____

Insurant:
parent

Surname _____ Name _____ born _____

Adress:

Street _____ No. _____ priv. no. _____ Cell phone no. _____

Postcode _____ City _____

Occupation and employer of the insurant (parent):

☐ private additional assurance ☐ basic/standard tariff ☐ optional member

Insurance incl. office:

Siblings:

Present school/ kindergarden:

Primary care dentist:

Primary doctor:

Recommended/ transferred by:

According insurant of a statutory insurance:
We do need your insurance card for every visit in our praxis. In case we did not get your insurance card 14 days post treatment, we concider you as a private insured patient. Therefore you will recieve a bill according the private scale of charges for dentists (GOZ).

Reservation praxis:
We are always concerned about short waiting periods. Therefore it would be nice if you could cancel your appointment 24h before in case you can not fullfill it. Non complied appointments can be charged according the private scale of charges for dentists (GOZ).

Data:
I agree with the bill being deducted by a free deduction center. Your data, excluding adress, will not be safed. I also agree to a take over of all my treatment charts to a new purchaser in case of an acquisition.

please turn

Anamnesis

Xray

	YES	NO
According xray regulations please mark:		
has the patient ever undergone a xray ?	☐	☐
if so, has that been during the last 12 months ?	☐	☐
if so, at which doctor,dentist, hospital ?		
is a pregnancies present at the moment ?	☐	☐
how long ago was the last visit to a dentist ?		

dental anamnesis

has the patient ever been treated orthodontically ?	☐	☐
if so, when ?		
if so, where ?		
have siblings been treated orthodontically (are treated at present time) ?	☐	☐
has one parent a tooth or mandible malposition ?	☐	☐
does the patient have complaints chewing ?	☐	☐
does the patient crunch with teeth ?	☐	☐

medical anamnesis

is the patient under present medical treatment ?	☐	☐
if so, why and which treatment ?		
is there regular use of medication ?	☐	☐
if so, which medication ?		
surgeries ?	☐	☐
if so, which surgeries ?		
are there any serious diseases ?	☐	☐
(rickets, diabtes mellitus, tuberculosis, bronchial asthma, epilepsia, heart insufficiency, HIV/AIDS, jaundice, bleeding tendencies, others ?)		
if so, which ones ?		
are allergies known ?	☐	☐
if so, which ones ?		
trauma, injuries, surgeries in head/face region ?	☐	☐
if so, which ones ?		

habbits

baby dummy ?	☐	☐
sucking ?	☐	☐
biting lips ?	☐	☐
biting tongue ?	☐	☐
biting nails ?	☐	☐
oral breathing ?	☐	☐
speech defects ?	☐	☐
does the patient play an instrument ?	☐	☐
if so, which ones ?		

Thank you for your help!
Please let us know about any changes to the previously asked questions in case there are any!

Are there any questions or wishes prior to the treatment ?

city, date

signature