



Clinica Dental **SCHMIEDER**

FRANK SCHMIEDER

- Die Praxis für Dentale Konzepte -

Avda. Dés Bon Temps N° 8 B

Tel. 971 58 74 69

case history

Name: _____ birthday : _____
surname: _____ Telefon home: _____
village: _____ Telefon mobile : _____

occupation: _____ E-mail : _____

Do you have health risk?

Which one ? _____ do you have Diabetes? yes / no
Do you have allergy? yes / no do you have Hepatitis B/C ? yes / no
Are you sensitive to sth. like metal, pharmaceuticals, ... do you HIV-Infektion? yes / no?
yes / no
which one ? _____ do you have eye complaint ? yes / no
(cataract, glaucoma)
Do you take pharmaceuticals regularly? yes / no do you have asthma? yes / no
Which one? _____ Dou you have a disease yes / no
Tiroides?
Do you have a pacemaker? yes / no are you expecting? yes / no
Do you have a heart disease? yes / no when you are which month? : _____

recommended by _____ **doctor + nr.?:** _____

All my responses correspond the truth!

If you have any questions or want some information about bleaching, tooth cleaning or implants just ask our team!

date

signature