



PATIENT REGISTRATION FORM

FORMULARIO DE INSCRIPCION

Surname Apellidos Nachname	
Name Nombre Vorname	
Date of birth Fec. de nacimiento Geburtsdatum	
Nationality Nacionalidad Nationalität	
Address Dirección Anschrift	
Contact Number Teléfono Telefon	
Email Correo electrónico E-Mail	

Are you taking any current medication? ¿Toma Ud. algún medicamento? ¿Cuál? Welche Medikamente nehmen Sie?

Do you have heart or circulation condition? ¿Tiene Ud. alguna enfermedad del corazón o de la circulación?
Haben Sie HerzKreislaufbeschwerden?

Do you have any allergies to medication? ¿Tiene Ud. alguna alergia a medicamentos? Haben Sie Allergien gegen Medikamenten?

Do you suffer bleeding problems? Are you taking anticoagulants? ¿Sangran mucho sus heridas? ¿Toma Ud. anticoagulantes?

Do you have any other diseases? Alguna otra enfermedad? Haben Sie sonstige Krankheiten? (Diabetes, Asthma, etc)

¿Está Ud. embarazada? Are you pregnant? Sind Sie schwanger? Yes No

Le informamos que los datos personales facilitados se incorporarán en un Fichero de responsabilidad de Adnan Kaiserimam. Estos podrán ser comunicados y/o cedidos a terceros, como profesionales odontólogos y protésicos dentales, en aquellos casos en que sea necesario. Por favor marcar la casilla en función de si desea o no que esto ocurra: SI NO Podrá ejercitar su derecho de acceso, rectificación, oposición y cancelación enviando un correo a reception@tl-dc.com Si desea más información respecto a la Cesión de Datos por favor visitar nuestra página web: <https://thelondondentalclinic.com>

We inform you that the personal data provided will be included in a File of responsibility of Adnan Kaiserimam. These may be communicated and / or transferred to third parties, such as dental professionals and dental prosthetics, in those cases where necessary. Please check the box depending on whether or not you want this to happen: YES / NO You can exercise your right of access, rectification, opposition and cancellation by sending an email to reception@tl-dc.com If you want more information regarding the Data transfer please visit our website: <https://thelondondentalclinic.com>

Missed appointments may result in a 20 euro penalty.

Dental Plan Member ? YES / NO

Date Fecha Datum / / 2018

Signature Firma Unterschrift

How did you hear about us? ¿Como ha encontrado la clinica? Wie haben Sie uns gefunden?

- Radio Gazette Google Recommendation

Date: Recall 3 / 6 / 9 / 12

<input type="checkbox"/> Visual examination	<input type="checkbox"/> Filling # _____	<input type="checkbox"/> Bridge recement # _____	<input type="checkbox"/> Consultation
<input type="checkbox"/> Full Check up 2 bite wings	<input type="checkbox"/> Medicated filling # _____	<input type="checkbox"/> RCT Extirpation # _____	<input type="checkbox"/> Antibiotics Perscription
<input type="checkbox"/> Scale and polish	<input type="checkbox"/> Extraction # _____	<input type="checkbox"/> RCT core rebuild # _____	<input type="checkbox"/> Emergency supplement
<input type="checkbox"/> Scale and polish Crystal White	<input type="checkbox"/> Crown Preparation # _____	<input type="checkbox"/> Denture impressions	<input type="checkbox"/> Dontisolon treatment
<input type="checkbox"/> Periapical X-Ray _____	<input type="checkbox"/> Crown Recement	<input type="checkbox"/> OPG X-Ray	<input type="checkbox"/> See notes

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