

## Questionnaire and consent

<b>Title before</b>	<b>First Name</b>	<b>Last Name</b>	<b>Title after</b>
<b>Birth number</b>	<b>Birth date</b>	<b>Gender</b> —	<b>Insurance</b> —
<b>Address</b>	<b>City</b>	<b>ZIP code</b>	
<b>Email</b>	<b>Tel. Prefix</b> —	<b>Phone</b>	

## Anamnes form

### Heart disease

- Congenital heart defect
- Non-stickness of the valve
- Arrhythmia
- Angina pectoris
- Pacemaker
- Defibrillator
- High blood pressure
- Low blood pressure

### Blood disorders

- Anemia
- Blood clotting disorder
- Leucemia
- Thrombosis
- Varicose veins

**Please indicate the health data relating to yourself**

- Asthma
- Epilepsy
- Diabetes
- Kidney disease
- Liver disease
- Thyroid disease
- High cholesterol
- Neurological disease
- Disorders of the immune system
- Problem with jaw joint
- Osteoporosis
- Tumors
- Cancer
- Strong bland reflex
- Crohn disease
- I wore braces

**Infectious diseases**

- HIV/AIDS
- Hepatitis A
- Hepatitis B
- Hepatitis C and other
- Tuberculosis
- Other

**Allergies?**
**Do you take medication?**

- no
- yes, fill in the next line

**What medications do you take?**
**Do you smoke?**

- Non smoker
- Yes, weak smoker (maximum 5 cigarettes/day)
- Yes, heavy smoker (5 cigarettes a day and above)
- IQOS, electronic cigarettes

**Are your gums bleeding?**

- yes
- no
- occasionally

**Are you pregnant?**

- yes
- no
- maybe

## Additional information

### Additional information on dental hygiene

#### How often do you brush your teeth?

- Twice a day (in the morning and in the evening)
- Once a day
- After each meal
- Never
- Other

#### What hygiene aids do you use?

- Toothbrush
- Interdental brush / soft pick
- Dental floss / floss
- Single toothbrush (toothbrush solo)
- Tongue scraper
- Superfloss
- Electric brush
- Water shower
- Other

#### What dental care products do you use?

- Toothpaste
- Mouthwash
- Fluoride gel
- Other

#### How often do you go to your dentist?

- Twice a year
- Once a year
- When I have troubles
- I don't know
- Never

#### How often do you go to dental hygiene?

- Twice a year
- Once a year
- Occasionally
- I have never been

## General consent to treatment

In our medical facility, we want to provide you with the best possible care that we would imagine for ourselves. According to our knowledge and experience, the standard provided by health insurance companies is insufficient and does not ensure long-term function, which is why we try to apply such procedures and treatments that are at the level of current knowledge of dentistry and which can last in the long term and guarantee you the health of your teeth as long as possible in the given conditions.

The purpose of this form is to confirm your agreement with the method and price of the treatment. The method of treatment may change during the procedure, but you will always be familiar with the current situation. With our clientele, we rely on mutual trust, and the main thing for us is that the method of treatment chosen by us is the most suitable option.

We recommend you not to be afraid to ask anything, we will try to explain everything clearly.

We will present you with a complete price list of services upon request.

The most necessary and most frequent list of treatment from the price list here:

Dental hygiene 1,900 CZK

Dental hygiene for children 950 - 1,400 CZK

White composite filling 2,300 – 4,650 CZK

Small filling 1,600 CZK

Root canal treatment 5,600 – 10,200 CZK

Metal-ceramic or all-ceramic crown 12,500 CZK

Teeth whitening 1,500 (in office) - 6,500 (home) CZK

Dental implants from 19,500 CZK

#### PATIENT CONSENT

I declare that I understood the instruction above, I was able to ask questions and everything was sufficiently and clearly explained to me.

YOU WILL BE NOTIFIED 2 DAYS IN ADVANCE OF THE ORDERED APPOINTMENT BY E-MAIL OR SMS, WHERE YOU WILL BE INVITED TO CONFIRM THE APPOINTMENT.

PATIENTS ARE NOTIFIED THAT IF THE APPOINTMENT IS NOT CANCELED AT LEAST 24 HOURS BEFORE, WE ARE AUTHORIZED TO CHARGE FOR TIME LOSS ACCORDING TO THE CURRENT PRICE LIST (60% OF THE PLANNED PRICE OF THE PERFORMANCE).

By signing this, I confirm that all of the information I provide is true.

I agree with the processing of personal data pursuant to Act No. 110/2019 Coll., The Personal Data Protection Act and the amendment of some laws, as amended for the purpose of keeping my medical records.

**Datum podpisu**

31.12.2000

**Podpis klienta**

