



Dr. med. dent Michael Lauterwein

Dentist and oral surgeon

Certified specialist in
implantology & periodontology

www.praxis-lauterwein.de

Registration Form

Patient

last name first name date of birth social security number

Address

street zip-code city phone number

Sponsor

last name first name date of birth social security number

Address

street zip-code city phone

Health Insurance

covered by Tricare United Concordia? yes

Please answer the following questions concerning your physical situation. Any personal information given is treated with maximum confidentiality. If you have any questions, please ask the dentist!

Medical History

Personal details

Yes No

allergies

if yes, which one(s) _____

asthma/loungue diseases

heart diseases

circulatory problems

eye diseases

kidney diseases

blood diseases

metabolic disorders (diabetes)

infectious diseases (hepatitis/TBC/HIV-AIDS): _____

further diseases: _____

Regular medication

1. _____ purpose _____

2. _____ purpose _____

3. _____ purpose _____

Do you have regular medical treatment? no yes _____

Women: Are you pregnant? no yes ____ week of pregnancy, maybe .

Dental situation

What can we do for you? _____

last dental x-ray (date/year) _____

bleeding gum

mobile teeth

headache

Do you have artificial teeth? Since _____

Are you interested in general anaesthesia?

Are you interested in prophylactic treatments?

Are you interested in implants?

My special wishes: _____

Please let us know any changes!

Do not drive any vehicles after local anaesthesia! We must inform you that local anaesthesia can cause local neurological problems in very rare cases.

Do you want us to remind you of the following regular checkups (free recall system)? yes no

If you have any questions, we would be glad to help you!

Dr. Michael Lauterwein & his team

Signatures: date: _____

_____ patient (or parents)

_____ dentist