

REGISTRATION

Welcome to our dental practice!

Before we talk about your dental needs, we need your personal data and information about your general health. This is important for an adequate treatment.

| PATIENT | |
|---------------|----------------|
| Last name | First name |
| Street | ZIP, City |
| Private phone | Business phone |
| Mobile phone | E-Mail |
| Date of birth | Place of birth |
| Profession | Employer |

| INSURED (IF NOT YOUR OWN INCURANCE) | |
|-------------------------------------|----------------|
| Last name | First name |
| Street | ZIP, City |
| Private phone | Business phone |
| Mobile phone | E-Mail |
| Date of birth | Place of birth |

| | | | |
|---------------------------------|---|------------------------------------|-----------------------------------|
| INSURANCE | Name | statutory <input type="checkbox"/> | private <input type="checkbox"/> |
| HOW DID YOU HEAR ABOUT US? | Recommendation <input type="checkbox"/> | from | |
| | Reconciliation <input type="checkbox"/> | from | Internet <input type="checkbox"/> |
| HOW HIGH IS YOUR GRADE OF FEAR? | no fear <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| | | | nothing worse imaginable |

IMPORTANT NOTE:

PLEASE INFORM US UNASKED ABOUT ANY CHANGES OF YOUR PERSONAL DATA AND YOUR HEALTH CONDITIONS BEFORE YOUR NEXT TREATMENT.

All data are subject to medical confidentiality and data protection. Your data will be stored in our practice data processing and won't be passed on to outsiders without your permission. You can cancel your appointments free of charge up no later than 24 hours beforehand. If you cancel your appointment later than that, we have to charge you EUR 50.00 for each quarter hour. Deletions and/or amendments are not permitted and are regarded as irrelevant.

Berlin, the

Signature

REGISTRATION

Dear patient, in the course of dental treatment, it is important to know about your health to be best informed. Many complaints, such as headache or muscle tension, have their cause in a disturbed function of the chewing organ. A thorough dental examination includes the cause finding of these complaints. We would therefore ask you to answer the following questions carefully.

| YOUR HEALTH | |
|---|--|
| Do you sometimes feel discomfort when you chew? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you chew gum regularly? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is any tooth particularly sensitive? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does a tooth disturb when closing, chewing or swallowing? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have to find a place to close the teeth properly? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you grind your teeth or do you have tense masticatory muscles? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does it hurt when you open your mouth wide, take a big bite or are yawning? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Does your jaw make noise? <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you sometimes have ear pain? <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you sometimes feel dry and/or burning in the mouth? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you suffer from <input type="checkbox"/> pain and/or <input type="checkbox"/> tensions? | in the area: <input type="checkbox"/> head <input type="checkbox"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder |
| REMARKS | OKKLUSALINDEX |
| Did you have an accident in the head or neck area? | <input type="checkbox"/> yes <input type="checkbox"/> no with surgery <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have complaints that affect your wellbeing and/or your creativity? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> treatment necessary |
| Have you ever noticed an unusual reaction to syringes? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are you or have you been treated orthodontically? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are you in a medical treatment? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you have acute problems and/or do you wish a special consultation? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 2. opinion |
| Do you snore? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes |
| Is your gum bleeding? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes |
| Do you suffer from bad breath? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes |
| In which year | a) was your last visit to the dentist? b) was your last x-ray? |
| How often do you smoke? | <input type="checkbox"/> never <input type="checkbox"/> less than 10 cigarettes per day <input type="checkbox"/> more than 10 cigarettes per day |
| Do you take any medication? | |
| <small>(Please also include sleeping pain, calming and laxatives, as well as the pill.)</small> | |
| Do you have or have you had a disease in the following areas? | <input type="checkbox"/> lung <input type="checkbox"/> liver <input type="checkbox"/> kidney <input type="checkbox"/> blood <input type="checkbox"/> nerves <input type="checkbox"/> mind |
| | <input type="checkbox"/> eyes <input type="checkbox"/> bile <input type="checkbox"/> heart <input type="checkbox"/> vessels <input type="checkbox"/> Thyroid <input type="checkbox"/> metabolism <input type="checkbox"/> epilepsy <input type="checkbox"/> skeletal <input type="checkbox"/> infections |
| Remarks | |
| What allergies do you suffer from? | |
| Female patients: | <input type="checkbox"/> I am pregnant <input type="checkbox"/> I breast-feed <input type="checkbox"/> I am in the menopause |

| YOUR FAMILY DOCTOR | |
|--------------------|---------|
| Name | Phone |
| Street | Place |
| E-Mail | Comment |

| YOUR TREATMENT |
|---|
| <p>supply variants are explained to you. Then you decide on the desired supply.</p> <p>Please provide the following characteristics for your dental care in a range of 1 to 5. The feature that you rate with the number 1 is most important to you.</p> <p> <input type="checkbox"/> funktion <input type="checkbox"/> aesthetics <input type="checkbox"/> longevity <input type="checkbox"/> naturopathic aspects <input type="checkbox"/> minimum own payment </p> |

| EXPLANATORY STATEMENT ABOUT THE DENTAL LOCAL ANESTHETIC | |
|---|---|
| <p>What is a lead anesthesia?</p> <p>Our practice places great importance to treat you as painless as possible. Although lead anesthesia is a safe method for eliminating pain, side effects and intolerances are possible. For the lead anesthesia an anesthetic is injected near the nerve, at the height of its entry into the jaw. This will not only make the corresponding tooth pain-insensitive, but also the subsequent supply area of the nerve along its course. Through the anesthetic the nerve fibers are temporarily prevented, information such as pain or touch sensations to the central nervous system. After some time the body decomposes the anesthetic and the nerve responds on stimuli again.</p> <p>Possible side effects</p> <p>Frequently</p> <ul style="list-style-type: none"> - Repetition required due to not sufficient effect - swelling of the nasal area, tongue, or in the throat, causing swallowing problems - restrictions on speaking, laughing, swallowing, spitting and rinsing, hanging of the lip, cheek, etc. | <p>Sometimes</p> <ul style="list-style-type: none"> - Lightning pain due to the touch of a nerve - Pain or bruising with swelling on the injection site - Movement restrictions - Temporary breathing difficulties - numbness of adjacent areas such as nose, eye or ear - Inadvertent self-injury caused by biting <p>Rare</p> <ul style="list-style-type: none"> - Inflammation of the puncture site - circulatory problems, unconsciousness - Temporary swelling of the lower eyelids or sight disorder - Allergic reaction to active ingredients - Persistent insensitivity in the care sector of the numb nerve <p>Very rare</p> <ul style="list-style-type: none"> - Lasting insensibility in the care area of the numb nerves, hanging lip or cheek under 1 % |

I have understood the explanation about dental local anesthesia. My questions have been responded to my satisfaction. I have completed the application form truthfully and completely. I notify about any changes without prior request before the next treatment.

Berlin, the

Signature

Data protection consent

for processing personal patient data
according to
Art. 6, 7 para. 1 lit. a GDPR

Dental practice Carl Bernhardt
Landshuter Str. 10
10779 Berlin
Phone (030) 214 14 14
praxis@mundgesund.de

Patient:

Last name, First name, Date of birth

Street, ZIP, City

I hereby consent to the storage and processing of my personal data (e.g. name, gender, date of birth, insurance status, dental status, nature and extent of planned dental work, dental cast of your teeth and jaws, models, tooth color) for the following purposes

- Dental treatment and billing
- Legal storage of treatment documents and x-rays (10 years)
- Reminder service for the annual dentist visit
- Manufacture of dentures by external dental laboratories and milling centers associated with the storage and processing of your data by them
- Transmission of X-ray images to a further dentist connected with the release from confidentiality to provide information about the treatment in question

through our dental practice.

My consent is voluntary and may be revoked at any time in writing or by e-mail to the practice (Article 7 (3) GDPR).

I am aware that my revocation of consent at any time does not affect the legality of the processing effected on the basis of the consent until the revocation (Art. 7 (3) sentence 2 DSGVO).

Berlin, the _____

Signature _____

Responsible for data protection: Carl Bernhardt, practice owner

Last and first name of patient:

DOB:

Phone no.:

Address

Insurance status

Declaration and consent

I hereby give my consent to

- assignment to mediserv Bank GmbH (hereinafter called mediserv) of claims incurred through treatment by my practitioner;
- disclosure by my practitioner of information required for the purpose of billing and assertion of claims, in particular, details from the patient record (name, date of birth, address, treatment dates, medical service codes, amounts, diagnoses) to mediserv and their data processing department and I release my practitioner from their duty of confidentiality in this respect;
- eventual transmission of personal data (name, date of birth, address) by mediserv to credit reference agencies (infoscore Consumer Data GmbH, Rheinstr. 99, 76532 Baden-Baden and WID Wirtschafts-Informationen-Dienst GmbH, Schwägrihenstr. 3, 04107 Leipzig among others) for the purpose of obtaining information to assess my creditworthiness and I release mediserv staff from their duty of confidentiality in this respect;
- reassignment of claims by way of security by mediserv, including disclosure of personal data, which was given to mediserv by my practitioner for the purpose of billing and assertion of claims, to Bank 1 Saar, Saarbrücken, and I release mediserv staff from their duty of confidentiality in this respect.

I have been informed that mediserv will invoice me for services by my practitioner and collect payment in its own name and for its own account.

If there is any dispute regarding the legitimacy of the claim, the practitioner can be consulted as a witness in any dispute. I hereby release my practitioner and mediserv staff from their duty of confidentiality towards the parties involved in any collections procedure or legal proceedings.

I have been informed that my treatment does not depend on whether I consent to the above-mentioned procedure. My consent has been given voluntarily and will also apply to any future treatment; I can withdraw this at any time with immediate effect for the future. This does not affect the legality of data processing, which is carried out on the basis of my consent until withdrawn.

If the declaration is being submitted by a person with custody for a minor, I confirm that the other person assigned custody also agrees to the above-mentioned provisions.

I have been given a copy of this declaration of consent.

Place, date

Signature of patient or legal guardian

Legal guardian:

Last name, first name

Date of birth

Address (if different)

Medical practice stamp



Dear patients

As far as possible, we keep our administration to a minimum to allow us more time for treatment and care. This is why we have assigned our partner, **mediserv Bank GmbH** (hereinafter called mediserv), 66094 Saarbrücken, with settlement of our invoices:

If you have any questions about invoices, please speak with customer support representatives at mediserv:

Tel.: 06 81 / 4 00 07 89 Email: service@arztrechnung.de
Fax: 06 81 / 4 0 00 76 Internet: www.arztrechnung.de

mediserv staff undertake to respect confidentiality in accordance with Section 203 of the German Penal Code (Strafgesetzbuch). mediserv observes the greatest of care and maintains total confidentiality when processing patient data, in accordance with the provisions of the General Data Protection Regulation (GDPR or Datenschutz-Grundverordnung - DSGVO).

We require your written consent for this procedure. Would you therefore please give your consent by signing the declaration overleaf.

Thank you for the confidence you have shown us.
Your medical practice / clinic

Information on data protection in compliance with Art. 13 and 14 GDPR

mediserv Bank GmbH (hereinafter called mediserv) processes personal data in compliance with the provisions of the German GDPR and the German Data Protection Law (BDSG).

1. Name and contact details of the office responsible and the company data protection officer

Office responsible: mediserv Bank GmbH, 66094 Saarbrücken, Managers: Björn Clüsserath and Eduard Laub.
The company data protection officer at mediserv can be reached at the address above – at the data protection department (Abteilung Datenschutz) – or by email to datenschutz@mediserv.de. Unencrypted communications by email may be exposed to security vulnerabilities and end-to-end protection from access by third parties is not possible.

2. Why mediserv processes these data

mediserv processes personal data for the purpose of invoicing and assertion of claims for medical treatment.

3. Legal basis for data processing

mediserv processes personal data in accordance with the provisions of the German GDPR. Processing is carried out according to Art. 6 Sentence 1 a (Consent) and in addition Art. 6 Sentence 1 c (required for meeting a legal obligation) of the GDPR. Consent given to mediserv, including such consent as was given prior to the GDPR coming into force, can be withdrawn at any time. Withdrawing your consent does not affect the legality of personal data processed up until the time consent was withdrawn.

4. Origin of data

mediserv processes data as they were disclosed by the medical and health professionals authorised to transmit them; in addition, data may be obtained from credit reference agencies by mediserv for the purpose of checking creditworthiness.

5. Categories of personal data that are processed

Last name, first name, address, date of birth, treatment dates, findings, diagnoses, medical service codes and amounts and information obtained from credit reference agencies about any previous payment history in breach of contract (information about undisputed,

outstanding claims, for which several demands for payment had been sent or enforceable claims and settlement of such, information from public directories and official notices)

6. Categories of recipients of personal data

Credit reference agencies solely for the purpose of checking creditworthiness, government bodies and private bodies with government responsibilities and powers under public law, insofar as this is specified under mandatory statutory or administrative provisions or by government order.

7. How long are data retained

mediserv only saves personal data for a specific length of time. A decisive factor in establishing this length of time is the need to save data in order to serve the agreed purpose. In doing so, retention periods with respect to commercial and tax law and banking supervision regulations are included when assessing whether the purpose is served. Accordingly, certain data can be saved for up to ten years after the end of the business relationship.

8. Rights of individuals concerned

Any person concerned has the right to be informed acc. to Art. 15 of the GDPR, the right to rectification acc. to Art. 16 of the GDPR, the right to erasure acc. to Art. 17 of the GDPR and the right to restrict processing of data acc. to Art. 18 of the GDPR. Furthermore, it is possible to contact the regulatory authority, the Independent Data Protection Centre for the Saarland (Unabhängiges Datenschutzzentrum Saarland), which is responsible for mediserv. Acc. to Art. 21 Sentence 1 of the GDPR, it is possible to object to data processing by mediserv for reasons which relate to the affected individual's particular situation. It is possible to withdraw consent to mediserv at any time. If, in accordance with Art. 15 of the GDPR, you want to assert your right to access, without charge, information about what data have been saved about your person, the origin and recipients of this data or categories of recipients, in addition to the purpose for saving the data, please provide us with your last name, first name(s), date of birth and current address, so that we can verify your identity conclusively. We will then provide you with the information in writing.