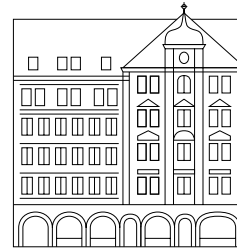


# REGISTRATION FORM



**ZAHNARZTPRAXIS  
IM AUGUSTINER**

**DR. PETER BARTAK**  
Neuhauser Straße 27  
80331 München  
Telefon: 089.59 44 58  
praxis@dr-bartak.de  
www.dr. bartak.de

Name, first name of the patient

Born on

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Name, first name of insured person (if different)

Born on

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Street, house number

Postal code, city

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Mobile, phone, business

Email address

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Statutory health insurance

Private health insurance

Additional insurance

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Profession

Employer

Family doctor

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## DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?

Complete the information if necessary:

### 1. Disease of the heart, circulation?

YES  NO

If YES, please complete the information:

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### 2. Rheumatism, osteoporosis?

YES  NO

If YES, please complete the information:

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### 3. Infectious diseases (e.g. hepatitis, HIV, AIDS, tuberculosis)?

YES  NO

If YES, please add information:

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**PLEASE TURN OVER**

**4. Internal diseases (e.g. diabetes, blood coagulation disorder)?**

YES  NO

If YES, please complete details:

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**5. Allergies, intolerances?**

YES  NO

If YES, please complete details:

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**6. Other diseases?**

YES  NO

If YES, please complete details:

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**7. Are you taking any medication?**

YES  NO

If YES, which ones?

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**8. Are you currently receiving medical treatment?**

YES  NO

If YES, why?

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**9. For women: is there a pregnancy?**

YES  NO

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**10. Do you smoke?**

YES  NO

If yes, how many cigarettes a day?

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**How did you become aware of us?**

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**May we remind you of your recall?**

YES  NO

**Note on appointment allocation**

Our practice is managed according to the ordering system. The agreed appointment is reserved especially for you and coordinated with the planned treatment. Therefore, there is usually no waiting time. We ask you to cancel appointments at least 24 hours in advance. Appointments that are cancelled later or not cancelled at all will unfortunately be charged at 100 € per hour or part thereof.

**Note on data protection**

All information is subject to medical confidentiality and data protection. Your data will be stored internally in our practice for data processing and will not be passed on to third parties without your permission.

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Place, date

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Signature