Otmar Kronenberg
Dr. med. dent.
Fachzahnarzt für Kieferorthopädie (CH)

Habsburgerstrasse 20
6003 Luzern

041 811 40 40
praxis-kronenberg.ch

Please check, correct, and complete the following information.

Patient Information

First name: | Last name:

Date of birth: | Profession:

Street: | Mobile:

City: | Email:

Legal Guardian

☐ Corresponds to the address above

Street:

City: | Phone:

First & last name of the father:

Profession: | Mobile:

Email:

First & last name of the mother:

Profession: | Mobile:

Email:

Potential cost coverage

☐ Patient or legal Guardian ☐ Health insurance or supplementary insurance

☐ Invalidity insurance ☐ Welfare Office ☐ Asylum and Refugee Service

Recommendation

☐ Dentist (Name, City):

☐ Patient: ☐ Internet

Please turn Page!

SSO
Unsere Zahnärzte.

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Health Questionnaire

	yes	no
Have you been an inpatient or outpatient in hospital or undergoing medical treatment in the last 3 months? If yes, why?	☐	☐
Do you take medication regularly? If yes, which ones?	☐	☐
Do you suffer from a congenital or acquired heart defect or other heart disease?	☐	☐
Is your blood pressure high?	☐	☐
Have you ever had an unusual or allergic reaction to syringes, medication (e.g. penicillin) or dental materials (e.g. latex)? If yes, which one?	☐	☐

Have you had or do you have the following illnesses?

	yes	no		yes	no
ADHD	☐	☐	Asthma	☐	☐
Epileptic seizures	☐	☐	Hay fever	☐	☐
Frequent headaches	☐	☐	Diabetes (diabetes mellitus)	☐	☐
Rheumatism	☐	☐	Stomach or intestinal ulcers	☐	☐

Do you have or have you ever had jaundice or another serious infectious disease (AIDS, tuberculosis)? If yes, which one?	☐	☐
Do you have or have you ever had any other serious illness? If yes, which one?	☐	☐
Do you have regular dental check-ups? If yes, with whom?	☐	☐

Dentist: .....

City: .....

The first consultation takes about 30 minutes and costs CHF 104.60 according to the SSO tariff.
We send our invoices by e-mail as standard, if you wish to receive them by post please contact reception.

Date	First & Last Name **(for minors of the legal representative)**	Signature

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Data Protection Information

Patient

First name:

Last name:

Date of birth:

Please list all relatives who are entitled to receive information about the patient named above.

Comments

I confirm that I consent to the processing of my contact and health data, access to the data and the forwarding of the data to third parties in accordance with the patient information on the following page. I also agree that my data may be passed on to external bodies (debt collection) in the event of payment collection.
I am aware of the possible risks of data exchange of particularly sensitive personal data (possible access by unauthorized third parties through insecure communication channels) as well as my rights and give my consent for mutual contact between the Otmar Kronenberg AG dental practice and myself as a patient through the contact details given on the personal data sheet. Patient information will only be passed on by the dental practice via secure communication channels. I agree that administrative matters, such as the scheduling of appointments, may take place via unencrypted e-mail communication.

Date

First & Last Name
(for minors of the legal representative)

Signature

Please turn page!

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Handling of personal data - Data Protection Act 09/2023

Below we inform you about the purpose of data collection, storage and disclosure of your data in the Otmar Kronenberg AG practice. We also inform you about your rights which you can exercise within the framework of data protection. If you have any questions, please contact our reception.

Collection and purpose of data processing

The processing (collection, storage, use and retention) of your data is based on the treatment contract and legal requirements to fulfill the purpose of the treatment and the associated obligations. On the one hand, data is collected by us as part of your treatment; on the other hand, we also receive data from other doctors, dentists and healthcare professionals with whom you have received or are receiving treatment. Only data related to your orthodontic treatment will be processed in your medical history.
The medical history includes the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as the consultation conducted as part of the treatment, health data collected such as anamnesis, diagnoses, treatment suggestions and findings. In addition, the wearing time of most appliances is recorded and stored electronically. Please note that our practice is under video surveillance to ensure your and our safety.

Duration of storage

Your medical history must be kept for 20 years after your last treatment. After that, it can be deleted at your express request.

Forwarding of data

We only transfer your personal data and in particular your medical data to external third parties if this is permitted or required by law, or if you have consented to the transfer of data as part of your treatment.

- Data is transferred to third parties as cost bearers such as your health, accident or disability insurance for the purpose of invoicing the services provided to you. The type of data transmitted is based on the legal requirements.
- Disclosure to cantonal and national authorities (e.g. cantonal dental service, health departments, etc.) is based on statutory reporting obligations.
- The necessary patient and invoice data will be passed on to the collection agency for the purpose of collection (collection of money due).

In individual cases, depending on your treatment, data may be transferred to other authorized recipients, such as dental laboratories and other manufacturers of dental appliances.

Withdrawal of your consent

You can revoke consent you have already given in whole or in part at any time.The revocation or request to change consent must be made in writing. As soon as we have received your written revocation and the processing cannot be based on any legal basis other than consent, the processing will be discontinued. The legality of the data processing carried out up to the point of revocation remains unaffected by the revocation.

Information, inspection and disclosure

You have the right to obtain information about your personal data at any time. You can view your medical history or request an extract. On request, you will receive a copy of the benefit statement if third parties, such as disability insurance or health insurance, act as cost bearers. The issue of the statement may be subject to a charge. You will be informed in advance of any costs, which depend on the effort involved in producing the copy.

Right to data transmission

You have the right to have data that we process automatically or digitally handed over to you or to a third party in a commonly used, machine-readable format. This also applies in particular to the transfer of medical data to a healthcare professional of your choice. If you request the direct transfer of the data to another controller, this will only take place if it is technically feasible.

Correction of your data

If you discover or believe that your data is incorrect or incomplete, you have the option of requesting rectification.If neither the correctness nor the incompleteness of your data can be determined, you have the option of attaching a note of dispute.

If you have any further questions - please contact us!