

ANAMNESIS

Please fill in the following information and answer the questions.

Each change concerns ever before treatment.

Name and surname:

Date of birth:

Address:

Job:

Telephone number:

E-mail:

How did you hear about me?

Answer the question, YES/NO:

Are you taking some medicaments regularly? Which one?

Are you allergic to any medicaments or anesthetics?

Have you ever had jaundice?

Do you smoke?

For women: Are you pregnant?

Do you clean your interdental spaces? What do you use?

Do you suffer from any of these diseases? If so, underline the disease.

High blood pressure, heart disease, epilepsy, Diabetes, HIV virus, hemophilia.

I confirm, with my signature, that all information which I provided is true.

What is your favorite music band or artist?

I have been informed of the processing of my personal data, including sensitive personal data, under the following conditions:

- (a) **administrator:** Veronika Nováková, DiS., IČO 067 91 263, 5. 12. 1991, U výstaviště 1287/19, Praha 7;
- (b) **range of personal data:** personal data contained in medical records, including identification data, contact information, sensitive data about my health condition;
- (c) **purpose of processing:** keeping medical records;
- (d) **legal basis:** processing is necessary to fulfill the legal obligation of the aforementioned administrator to keep medical records of his patient;
- (e) **processing time:** the time required to achieve the processing purpose
- (f) **patients rights:** I have the right to request from the aforementioned personal data controller access to my personal data, rectification of deletion or restriction of processing and the right to object to processing as well as right to data portability. I also have the right to file a complaint against the processing of personal data with the Office for Personal Data Protection.

I confirm with my signature that dental hygiene will be performed within the indication of my dentist, his/her name:

Date:

Signature: