Dental practice Drs GALLION- HEILI- LAFON-GROLLEMUND- SATY

Dental assistants: Alexandra, Laurence, Lucie, Marie, Véronique, Zora dentistesjaures@gmail.com

Ma'am, sir,

We thank you for the trust you have placed in us by contacting our dental practice. Administrative information.

Address

...................................................................................................................................................................

..................................................... Telephone

...................................................................................................................................................................

.......

E-mail address (essential)

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Medical questionnaire.

Do you show the following signs: Cough.........................................................................................................................................................

.....................................................................................

Do you think you've been infected with Covid19? /

If yes, when

?.................................................................................................................................................................

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Have you been tested? yes - no . date? /

Result: /

Medical history: Respiratory disorders....

Diabetes

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Cardiac Surgery

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......................................................... Stroke Coronary artery

disease.......................................................................................................................................................

....................................................

Cancer /

Clotting disorders

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............. (anticoagulants, antiaggregants).

Other disorders

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Allergies: /

Please refer to the list of medications in the appendix and inform us if you are following these treatments.

Please inform us of any change in medical treatment.

For the attention of the female patient:

Are you pregnant?..................................................................................................................................................

.. Number of months

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........................................................................./

The possible prescription of non-steroidal anti-inflammatory drugs forces us to ask you if you wear a non-hormonal IUD.............................................................................................................................................................

...................................................../

Appointment scheduling

For the health safety of our assistants and patients, we prefer to make appointments exclusively by telephone and confirm them by email.

The present form is to be returned to us by email 2 days before the appointment. dentistesjaures@gmail.com

Please remember to bring your Carte Vitale and CMU certificate with you at each appointment if you depend on this plan.

Date and signature :

APPENDIX :

Are you taking any of these medications?

PRINCEPS PRADAXA DIDRONEL XARELTO CLASTOBAN ELIQUIS LYTOS

SKELID AREDIA FOSAMAX FOSAVANCE ACTONEL BONVIVA

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