

## Personal data

☐ f ☐ m

E-mail: \_\_\_\_\_

First name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

ZIP, City: \_\_\_\_\_

Treating doctor: \_\_\_\_\_

Date of birth: \_\_\_\_\_


Previous dentist: \_\_\_\_\_

## Insurances

Health insurance (basic): \_\_\_\_\_ AHV no.: 756. \_\_\_\_\_

Accident i.: ☐ occupational ☐ health insuranceDental i.: ☐ no ☐ yes, \_\_\_\_\_ (refund requests must be made by the patient)

## Other support

☐ Social Welfare Office (USSI) ☐ Office for Asylum Seekers and Refugees (URAR)☐ AHV/IV-Supplementary benefits (IAS)  Specify permit: ☐ N ☐ F ☐ B☐ Other agency (e.g. municipality / foundation): \_\_\_\_\_

## Legal representative (only if applicable)

☐ Parent☐ Curator

Full name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Full address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the recipient of:

☐ invoices / cost estimates ☐ all correspondence (e.g. appointment reminders)

## Reason for visit:

☐ change of dentist ☐ emergency or 2nd opinion ☐ other: \_\_\_\_\_

## Referred by:

☐ friends ☐ another dentist / hygienist ☐ internet / individual research

## Dental hygiene:

☐ at STUDIO LUNGHI ☐ I have an external d.hygienist: \_\_\_\_\_

## Health questionnaire

1. Have you recently been **sick**, under medical care, or in hospital?  
If yes, for what condition(s)? \_\_\_\_\_ ☐ YES ☐ NO2. Do you take **medications** and/or **drugs** regularly?  
If yes, which ones? \_\_\_\_\_ ☐ YES ☐ NO3. Do you or did you **smoke** or use other forms of **tobacco** (e.g. snus)?  
If yes, what and how much? \_\_\_\_\_ ☐ YES ☐ NO

Turn the page →

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4. Do you suffer or have you suffered from any of the following conditions? ☐ YES ☐ NO

☐ **Allergies/hypersensitivities** (underline and/or specify):  
Pollen – Latex – Metals – Iodine – Food – Anesthetics – Medications (antibiotics, others) –  
Other: \_\_\_\_\_

☐ **Heart diseases** (underline and/or specify):  
High BP – Low BP – Angina pectoris – Heart attack – Stroke – Heart defect / artificial valve –  
Arrhythmia – Endocarditis – Other: \_\_\_\_\_

☐ **Blood diseases** (underline and/or specify):  
Hemophilia – Anemia – Other: \_\_\_\_\_

☐ **Metabolic diseases** (underline and/or specify):  
Diabetes – Hypothyroidism – Hyperthyroidism – Other: \_\_\_\_\_

☐ **Infectious diseases** (underline and/or specify):  
HIV – Hepatitis – Tuberculosis – Other: \_\_\_\_\_

☐ **Liver or kidney diseases** (specify): \_\_\_\_\_

☐ **Stomach or intestinal diseases** (specify): \_\_\_\_\_

☐ **Eating disorders** (specify): \_\_\_\_\_

☐ **Respiratory or lung diseases** (specify): \_\_\_\_\_

☐ **Rheumatic or bone diseases** (specify): \_\_\_\_\_

☐ **Sinusitis, facial pain or chronic headaches** (specify): \_\_\_\_\_

☐ **Epilepsy or other brain disorders** (specify): \_\_\_\_\_

☐ **Depression or other psychological disorders** (specify): \_\_\_\_\_

☐ **Other** (specify): \_\_\_\_\_

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5. Have you had any **surgeries or operations**? ☐ YES ☐ NO  
If yes, which ones? \_\_\_\_\_

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6. Have you undergone **chemotherapy or radiation**? ☐ YES ☐ NO  
If yes, when and for what reason? \_\_\_\_\_

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7. Do you have **pacemakers, orthopedic prosthesis or transplants/implants**? ☐ YES ☐ NO  
If yes, where and since when? \_\_\_\_\_

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8. *If female:* Are you **pregnant**? ☐ YES ☐ NO  
If yes, in which month? \_\_\_\_\_

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9. Have you ever had any **accidents involving dental injuries**? ☐ YES ☐ NO  
If yes, when? \_\_\_\_\_

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10. Have you been **treated by an orthodontist** (dental braces)? ☐ YES ☐ NO  
If yes, when and by whom? \_\_\_\_\_

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11. Do you regularly wear one of the following **removable dental appliances**? ☐ YES ☐ NO  
☐ Night guard/splint ☐ Sports mouth guard ☐ Other: \_\_\_\_\_

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12. **Do you like your smile?** ☐ YES ☐ NO  
If no, what would change? ☐ Alignment ☐ Color ☐ Other: \_\_\_\_\_

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### Patient declaration

I confirm with my signature that I agree to the processing of my data, access to the data by the dentist and disclosure of the data to third parties in accordance with patient information/data protection law until further notice.

I have read the document *Patient information on handling personal data - New data protection law (DPL)* (document updated on 01.01.2025) and agree with the contents.

Place, date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Patient information on handling personal data - New data protection law (DPL)

Below we inform you about the purpose for which Dr. med. dent. Nancy Lunghi – STUDIO LUNGHI (hereafter practice) collects, stores or shares your personal data. In addition, we inform you about your rights, which you can exercise within the framework of data protection.

**Responsibilities** The practice is responsible for the processing of your personal and medical data. If you have questions regarding data protection, please contact the staff or your dentist directly.

**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 for the fulfillment of the treatment purpose and the associated obligations. Data is collected by the dentist as part of your treatment. On the other hand, we also receive data from other physicians and health care professionals with whom you have been or are currently receiving treatment, if you have given your consent for this. In your medical history, only data related to your medical treatment will be processed. The medical history includes the personal information provided on the patient form, such as personal details, contact details and insurance details, as well as, among other things, the educational interview conducted as part of the treatment, collected health data such as medical histories, diagnoses, therapy proposals and findings. Your data is stored in management software (Dentio) and image processing software (3Shape and CliniView). Our software and equipment are configured to protect your data and respect your privacy; the only people who have access to your data are the staff with whom you have a care relationship and the administrative staff of the practice; other dentists at the practice are only authorized to consult your medical records if necessary, namely if there is a need for a replacement or to provide you with information you have requested; in order to optimize work processes and treat you effectively and in a decentralized manner, your data is stored in the cloud (Dentio and Swisscom). For this reason, it may also be stored on foreign servers. According to the software service provider, the security standard is high and the data is encrypted.

**Duration of storage** Your medical records will be kept for 20 years after your last medical treatment. After this period, they will only be kept with your explicit consent, or they will be deleted or destroyed in a secure manner.

**Data transfer** 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 the data as part of your treatment.

- Data is transmitted to your health insurance or accident insurance provider, disability insurance provider or social services for the purpose of calculating the benefits provided. The type of data transmitted is based on the provisions of the law.
- In individual cases, depending on your medical treatment and the relevant consent given, the data may be transmitted to other parties authorized to receive it (e.g. laboratories, other doctors).
- Images produced by X-ray or photographs, videos or intraoral scans may be used for case planning (including external providers).
- Disclosure of the necessary patient and billing data to the debt collection office is effected in order to collect debts (outstanding monetary claims).

**Revocation of your consent** If you have given your express consent for data processing, you may revoke any consent already given, in whole or in part, at any time. The revocation or the 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 other legal basis than the consent, the processing will be stopped. The legality of the data processing carried out until the revocation remains unaffected by the revocation.

**Information, inspection and release** You have the right to obtain information about your personal data at any time. You can view your medical history or request a 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 common, machine-readable format. This also applies in particular to the transfer of medical data to a health professional of your choice. If you request the direct transfer of the data to another responsible party, this will only be done insofar as it is technically feasible.

**Correction of your data** If you find or consider that your data is incorrect or incomplete, you have the possibility to request a rectification. If neither the correctness nor the incompleteness of your data can be ascertained, you have the option of affixing a denial notice.

Information updated: 1 January 2025