

# DR. JOHN

ZAHNÄRZTE · BERLIN

General Data Protection Regulation GDPR  
taking effect from 25.05.2018

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

I authorise Dr. John Dental Practice to use and save my data, photos, x-rays, lab reports, and other relevant documents for my treatment. (\*1)

Dental Practice Dr John may contact me via email or text messaging to remind me of an appointment and provide general health reminders/information. Suppose at any time I provide an email or text address at which you may contact me. In that case, I consent to receive appointment reminders and other healthcare communications/information at the given email or text address from the Practice.

## Dental obligation to provide information/Invoice (\*1)

My data may be shared among the agencies listed below:

- Dental laboratories
- Private dental health insurance or Statutory dental health insurance

## Dental Laboratories

- Moulds, model casting, and other materials required for forming and manufacturing dental implant fittings

## Dental Specialist Treatments

- Maxillofacial surgeons /oral surgeons
- Orthodontists
- Experts for specific divisions of dentistry, endodontist, periodontology etc.

- I authorise Dr. John Dental Practice to obtain and share data, photos, x-rays, lab reports, and other relevant documents necessary for my treatment with former dental practices and other medical experts.

I am aware that I can retract my consent entirely or partially in writing at any time without giving the reasons.

City / Date: \_\_\_\_\_

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