

Name, Christian name _____
Address _____ D.o.B. _____
Pat.Nr (LABOR) _____
Marital Status _____
Date _____

PATIENT CONSENT

I have read, understood and accept the declaration on page 2 (Stand 08/2017_V1)

I hereby give my consent to the requested tests. The invoicing for these tests is based on the GOÄ for doctors plus a material and postal charge according to §10 of the GOÄ.

I have been informed that my insurance provider may not completely cover the cost of all the tests requested and that I am liable for the payment of the entire cost of such tests.

Date: _____ Patients signature: _____

Patient signed in the practice Tel.No. Patient: _____

REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED

First visit (181)

Control (182)

No report interpretation (183)

Intolerance Pass (175)

Male

Female

Collection date _____

Height (cm) (171) _____

Weight (kg) (173) _____

BMI (173) _____

Beware: GDG! (Gene Diagnostic Law) see over

PRACTICE STAMP AP - _____

INVOICE TO

Patient (64)
 Selbstzahler (1.0 GOÄ)

Abweichend an

Praxis (70)
 Rechnung mit MwSt
Falls Leistungen nicht

Diagnosis/Important Information _____

Additional requests _____

INDIVIDUAL PROFILES

P01 P02 P03 P04

MATERIAL INTOLERANCES 24h

CYRA®-DENTAL MATERIALS

IL2, IFN γ , IL10, TNF α

NH **Metals** 6340

Gold, Palladium, Nickel, Silver, Chrome, Cobalt, Titanium, Vanadium, Molybdenum, Platinum

NH **Combiprofile** 6340

Mercury, Gold, Palladium, Nickel, Silver, Chrome, HEMA, TEGDMA, MMA, Cobalt

NH **Amalgam** 6333

Mercury, Silver, Tin

NH **Gold alloys** 6337

Gold, Silver, Platinum, Palladium, Tin, Indium, Iridium

NH **Implants** 6336

Titanium, Vanadium, Aluminium, Chrome, Cobalt, Molybdenum

NH **Plastics/Glues** 6338

MMA, BisGMA, TEGDMA, Benzoylperoxide, 4,4-IPDP, Hydroquinone, HEMA, Ethyleneglycoldimethylate

NH **Cements** 6332

Phosphate cement, Ketac Bond

NH **Individual Samples (IL2,IFN γ)** 5400

Individuelle Probe! Please enter and send with

TITANIUM INTOLERANCE 24h

NH **Profile Titanium Intolerance** 5237

CYRA®(ITT®) Titanium (TNF α , IL1- β , IL10) Titanium Stimulation Test/High Responder Status

NH **Titanium Stimulation Test** 5238

CYRA®(ITT®) Titanium - TNF α , IL1- β)

MEDICATION SENSITISATION 24h

IMMEDIATE REACTIONS (Flow Cast)

E Testing of _____

LATE REACTIONS/INTOLERANCES (ITT)

NH **ITT®-Antibiotics** 24h 6226

Penicillin, Cephalosporin, Tetracycline, Sulphamethoxazole

NH **ITT®-Analgesics** 24h 6228

ASS, Diclofenac, Ibuprofen, Paracetamol, Metamizole

NH **ITT®-Local anaesthetics** 24h 6226

Lidocain, Procain, Ultracain, Xylonest

NH **ITT®-Indiv. samples** 24h 4260

Individual samples! Please enter and send with

SPZ **Neurostress basis** 992

Cortisol 30 min, 4 h, 16 h after getting up
Serotonin, Noradrenalin, Adrenalin, Dopamine

PARODONTOLOGY/IMPLANTOLOGY

Please check cap colour

Label: NR Quadrant | NR Tooth

4 sites - or pooled sample



Parident-Parodontology Basis

Evidence of the most important parodontal-pathogens + **causers of Periimplantitis**
Aggregatibacter actinomycetemcomitans, Porphyromonas gingivalis, Tannerella forsythia, Prevotella intermedia, Fusobacterium nucleatum, Parvimonas micra (Peptostreptococcus micros)

PR **1 Tube (Pooled sample)** 7410

PR **4 Tubes (single samples see above)** 7440

PR **Follow Up - up to 12 weeks alter** 7451

Erstbefund-Nr. _____

PR **Parident-Parodontology Plus GDG!** 7450

Pathogens + Interleukin 1 Reaction type

Polymorphism - IL1 α , - β , IL1-RN

RISK and MONITORING PARAMETERS

PR **IL1 Reaction type GDG!** 6027

Polymorphism - IL1 α , - β , IL1-RN

PR **Parident-Parodontology - Cal** 7453

(1 Tube: Pathogens + Calprotectin)

Calprotectin (Pooled sample)

Single samples see above

Calprotectin 1st sample 3660

Calprotectin 2nd sample 3695

Calprotectin 3rd sample 3696

Calprotectin 4th sample 3697

Therapy Selection ParoSelect

RT **Aromatogramm: 10 Oils** 7460

Culture and etheral oils, without culture for pathogens

A.o. RT **Candida/Fungi** 10090

with Antimycogramm

A.o. RT **Bacterial culture** 10020

Pathogens and Sensitivities (Antibiogramm)

S.E.SPZ **Dental Risk GDG!** 6065

Vitamin D, IL1 Reaction type, Cortisol-morning value: Explanation of increased risk of implant loss, Caries, Karies & therapy resistant Parodontitis/Gingivitis

DETOXIFICATION

2U **DMPS-Test** 1925

before/after DMPS (Hg,Zn)

SPZ **DETOX Plus** 6015

Functional analysis of Detoxifikation - Phases I and II

METALS AND COMPOSITES

MSP **Methacrylate** 3262

Metalle (>5ml saliva necessary!!)

2MSP **Mercury** 2177

2MSP **Gold** 3268

2MSP **Silver** 3263

2MSP **Nickel** 3271

2MSP **Cobalt** 3274

2MSP **Chrome** 3270

2MSP **Platinum** 3267

2MSP **Titanium** 3269

2MSP **Vanadium** 3279

2MSP **Molybdenum** 3275

2MSP **Palladium** 3265

MSP **Multielement Analysis (>5ml MSP!)** 3285

Ag,Au,Bi,Cd,Co,Cu,Hg,In,Mo,Pb,Pd,Pt, Sn,Tl,Zn,Zr

AS **Metal analysis of Prostheses** 3286

Sample: _____

Sample: _____

INFLAMMATION/SILENT INFLAMMATION

S **Profile Inflammation Screening**

TNF α , IL-6, CRP, IL-1 β 1091,404,1413,1836

NH **MonoCheck®** 24h 1721

High-/Low-Responder, Inflammation status

NH **TNF-Inhibition Test** 24h 5150

Standard Profile: Curcumin, Silymarin, Boswellia serrata, SAME

2U 1. Urine before & after AS Shavings
Infusion E EDTA

A Swab FSP Na fluoride saliva

NH Na Heparin PR Paroröhrchen dry
MSP morning saliva RT Paroröhrchen with
after getting up Transport medium

S Serum
S* Serum frozen
SPZ Special Test Kit

STAGE OF TREATMENT

- before Initial treatment
- after Initial treatment
- after Parodontal surgery
- Prevention before Implantation
- after Implantation
- PZR-Control

CLINICAL DIAGNOSIS

- Gingival disease
- chronic Parodontitis
- aggressive Parodontitis
- PA by systemic disease
- Necrotising PA disease
- Periimplantitis
- Bleeding of the gums
- Inflammation of the oral mucosa
- Inflammatio of the gums
- Increased salivation
- Metallic taste

ANTIBIOTICS / MEDICATIONS

- yes no
- which
- when
- for what

HYPERSENSITIVITY TO ANTIBIOTICS

- yes no
- which

SYSTEMIC DISORDERS

- Diabetes
- Renal disease
- Rheumatic disease
- Cardiovascular diseases
- Osteoporosis
 - treated
 - family history
- Hypertension
- Hypotension

OTHER ENVIRONMENTAL FACTORS

- Stress (Niveau 1-10: 1 = no Stress 10 = high Stress)
- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

CLINICAL PARAMETERS

- BOP in % all probed sites
- Depth of probe > 6mm (number of pockets)
- Bone loss in % (1mm = 10% bone loss)
- missing teeth

SMOKING

- never
- no (<1 for less than 1 year)
- no (>1 for more than 1 year)
- yes (<10 cigarettes per day)
- yes (>10 cigarettes per day)

EINWILLIGUNG IN DIE DATENÜBERMITTLUNG (Stand 08/2017_V1)

In the course of its medical provision Lab4more and its associated companies work with external providers. For this reason it may be necessary to forward the required data to the external provider or laboratory for the sole purpose of medical care. After the necessary tests have been performed this data will be deleted or destroyed in compliance with the Federal Data Protection Act.

With this declaration you allow MVZ Labor Bavariahaus and its operating company Lab4more to forward your information (Name, Christian Name, date of birth, Address, Request Number) and associated samples to external laboratories for the purpose of performing laboratory tests. The contracted laboratory is primarily the Medizinische Laboratorien Düsseldorf, Nordstrasse 44, 40477 Düsseldorf. In rare cases samples may be sent to other reference laboratories for analysis. The most frequently used laboratories are Labor München Zentrum, Bayerstrasse 53, 80335 München; Praxis Prof. Dr. med. Michael Kramer, Mönchhofstr. 52, 69120 Heidelberg.

The tests performed are invoiced directly form the relevant service provider. The dgpar GmbH, Bernauer Strasse 21, 83209 Prien am Chiemsee is the contracted accounting center for the above listed laboratories, and therefore requires the transfer of invoice specific data (Christian Name, Surname, Date of Birth, Address, diagnosis and invoicing codes), and where necessary "special types of personal data" as stipulated in Article 3, paragraph 9 of the Federal Data Protection Act.

Existing charges from your treatment can be transferred to the designated MVZ Labor Bavariahaus collection agency (Inkassum GmbH, Bernauer Str. 21, 83209 Prien am Chiemsee). Once the amount receivable has been transferred the debt becomes the property of the Inkassum GmbH and they may claim it from you if necessary by legal means. Objections to the invoices as long as they relate to treatment and the medical history should be directed to the Inkassum GmbH. Based on this information you declare your agreement to the transfer, processing, transmission and use of personal data and information(name, address, date of Birth, accounting information, invoice amounts, treatment documentation, laboratory invoices and results etc.) to Inkassum GmbH. You also consent to the transfer of the claim and the above mentioned information from the MVZ Labor Bavariahaus to the Inkassum GmbH.

You also release your treating practitioner/Doctor from their obligation to medical confidentiality for the purposes described above. You agree to the Inkassum GmbH receiving information regarding clinical findings and tests performed. You have also been informed that you may withdraw this consent to relinquishment of medical confidentiality at any time in the future.

With your signature you agree to the transmission of your data for the above mentioned purposes. You have been informed that you may withdraw this consent to relinquishment of medical confidentiality at any time in the future without reason.

CONSENT TO PERFORMING TESTS COVERED BY THE GENE DIAGNOSTIC LAW (GENDG)

The human genome exhibits individual variations in some areas (so-called genetic polymorphisms). These variations can influence many things including for example how certain medications work, how the individual reacts to toxins and environmental pollutants, susceptibility to infection or severity of inflammation. Many of these polymorphisms can be detected by examining blood samples or throat swabs.

As with all genetic tests, it is essential that when testing for genetic variations that you be fully informed beforehand by your consultant regarding the nature, meaning and implications of the requested test (your consultant is legally bound to fully inform you)..

I hereby declare that

.....

Name Christian name Date of Birth

.....

Street/House Number Postal Code / Town

I have been fully informed by my consultant/practitioner of the meaning and consequences of the requested test.

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I consent to the collection of the necessary samples for the requested tests. This consent may be withdrawn at any time prior to the beginning of the testing process. I also agree to the samples collected being sent to the requested laboratory.

I consent to the forwarding of the request to a cooperating laboratory

.....

Town/Date Signature (Patient or legal Guardian) Signature Requesting Consultant/Practitioner