

DENTAL DIAGNOSTICS

MVZ Labor Bavariahaus

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Lab4dent

Bogen 5

PATIENT CONSENT

I have read, understood and accept the declaration on the collection/transmission of my patient data on page 2 (status 01/2023_V5).

I hereby give my consent to the arranged examinations by the MVZ Labor Bavariahaus, as well as the preparation of a special report on these laboratory values (without additional costs) by Lab4more GmbH. Liquidation for these services will be based on the scale of fees for physicians (GOÄ) plus a flat rate for materials and shipping costs according to § 10 GOÄ.

I have been informed that my health insurance may not cover or only partially cover various services; in this case, I nevertheless undertake to settle the total amount. Furthermore, I confirm the correctness of the information provided here about myself.

Date: _____ Patient's signature: _____

Patient's Telephone No. _____

REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED

- First visit (181) Height (cm) (171)
- control (182) Weight (kg) (172)
- No report interpretation (183) **Collection date**
- Sex**
- Male Time
- Female **Medication** yes no (184)
- Other

Please note: **GDG!** (Gene Diagnostic Law) see over

Barcode:
Schein

Name, first name of Patient _____ D.o.B. _____

Address _____

DOCTOR'S STAMP

INVOICE TO

- Private patient (64)
- Self payer (50)

Alternatively to

Practice (70)

Diagnosis/Additional Important information

Additional Test requests

PERSONAL PROFILE

- 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, Iridium, Iridium

NH **Implants** 6336

Titanium, Vanadium, Aluminium, Chrome, Cobalt, Molybdenum

NH **Plastics/Glues** 6338

MMA, BisGMA, TEGDMA, Benzoylperoxide, 4,4-IPDP, Hydrochinon, HEMA, Ethyleneglycol-dimethylate

NH **Cements** 6332

Phosphate cement, Glasionomer cement

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

each additional sample

Individual samples! Please enter and **STERILE** senden

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LATE REACTIONS (ITT®)

NH **ITT®-Antibiotics** 24h 6226

Penicillin, Cephalosporin, Tetracycline, Sulphamethoxazole

NH **ITT®-Analgetics** 24h 6228

ASS, Diclofenac, Ibuprofen, Paracetamol, Metamizole

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

Lidocain, Procain, Ultracain, Xylonest

NH **ITT®-Individual samples** 24h 4260

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BONE METABOLISM €

s **Vitamin D** 1683

25(OH)-Vitamin D, total Vitamin D provision

s **β -Crosslaps (8.00 a.m.)** 1167

Marker of bone breakdown

s **Osteocalcin** 1545

Marker of bone formation

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HERD DIAGNOSTIC / NICO 24h €

s **RANTES (NICO-Marker)** 617

RANTES, LBP, CRPs, T regulatory. Blood marker for bacterial Herd

S.E **Profile Herd** 684

RANTES, LBP, CRPs, T regulatory. Blood marker for bacterial Herd

SPZ **Herd Screening in Saliva** 3284

Cadaverin, Putrescin

NH **ATP-Check (Mitochondrial damage)** 5024

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PARODONTOLOGY/IMPLANTOLOGY €

Please note lid colour

Label : NR Quadrant | NR Tooth

4-Sites or Pooled sample

Zahn Zahn Zahn Zahn

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STAGE OF TREATMENT <input type="checkbox"/> before initial treatment <input type="checkbox"/> after initial treatment <input type="checkbox"/> after Parodontal surgery <input type="checkbox"/> prevention before Implantation <input type="checkbox"/> after Implantation <input type="checkbox"/> PZR control	ANTIBIOTICSS/ MEDICATION <input type="checkbox"/> yes <input type="checkbox"/> no which when for what HYPERSENSITIVITY TO ANTIBIOTICS <input type="checkbox"/> yes <input type="checkbox"/> no which SYSTEMIC DISORDERS <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal disease <input type="checkbox"/> Rheumatic disease <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Osteoporosis <input type="checkbox"/> treated <input type="checkbox"/> family history <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension	OTHER ENVIRONMENTAL FACTORS <input type="checkbox"/> Stress (Niveau 1-10: 1 = no Stress; 10 = high Stress) ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ CLINICAL PARAMETERS <input type="checkbox"/> BOP in % all probed sites <input type="checkbox"/> Depth of probe > 6mm (number of pockets) <input type="checkbox"/> Bone loss in % (1mm = 10% bone loss) <input type="checkbox"/> Missing teeth SMOKING <input type="checkbox"/> never <input type="checkbox"/> no (for less than 1 year) <input type="checkbox"/> no (for more than 1 year) <input type="checkbox"/> yes (<10 cigarettes per day) <input type="checkbox"/> yes (>10 cigarettes per day)
CLINICAL DIAGNOSIS <input type="checkbox"/> Gingival disease <input type="checkbox"/> Chronic Parodontitis <input type="checkbox"/> Aggressive Parodontitis <input type="checkbox"/> PA by Systemic disease <input type="checkbox"/> Necrotising PA disease <input type="checkbox"/> Periimplantitis <input type="checkbox"/> Zahnfleischbluten <input type="checkbox"/> Inflammation of the oral mucosa <input type="checkbox"/> Inflammation of the gums <input type="checkbox"/> Increased salivation <input type="checkbox"/> Metallic taste		

CONSENT TO COLLECTION/TRANSFER OF MY PATIENT DATA (Stand 01/2023_V5)

I have been informed and agree that the MVZ Labor Bavariahaus and its operating company Lab4more GmbH may collect, process and use personal data, in particular name, address, date of birth, treatment data, invoice amounts, cost units, diagnoses and findings from the treatment in compliance with the EU General Data Protection Regulation, the Federal Data Protection Act, Section 203 of the German Criminal Code and Section 73 (1b) of the German Social Code for the purpose of fulfilling the contract. For the examination of special analyses, the MVZ Labor Bavariahaus and its operating company Lab4more GmbH may transmit my patient data (first and last name, date of birth, address, order number) and medical samples to affiliated and external laboratories. Externally is mainly the laboratory Dr. Spranger, Lindberghstr. 9-13, 85051 Ingolstadt commissioned. In rare cases, laboratory services are sent to other special laboratories for analysis. Frequently used special laboratories are: Laboratory Munich Centre, Bayerstr. 53, 80335 Munich; Practice Prof. Dr. med. Michael Kramer, Mönchhofstr. 52, 69120 Heidelberg.

Billing for the laboratory tests carried out is done via the respective above-mentioned service provider. For the aforementioned laboratories, dgpar GmbH, Mainzer Straße 97, 65189 Wiesbaden, is the commissioned billing office, which receives the treatment data essential for billing (first name, surname, date of birth, address, diagnosis, service numbers for the examinations), also insofar as these are "special types of personal data" as defined in Art. 9 Para. 1 of the EU General Data Protection Regulation. In addition, existing fee claims arising from my medical treatment may be passed on to the collection company Eurincasso GmbH, Mainzer Straße 97, 65189 Wiesbaden (name, address, date of birth, service numbers, invoice amount, treatment documents, laboratory invoices and results, etc.). Should it be necessary to forward findings and examinations of this order to the debt collection company Eurincasso GmbH, I release my doctor/therapist from his medical confidentiality obligation in this respect. All employees of Eurincasso GmbH, but also of dgpar GmbH, are subject to the rules of data protection law and are bound to secrecy under threat of punishment according to § 203 StGB. I am aware that I can revoke this declaration of release from the duty of confidentiality at any time with effect for the future.

I have been informed that:

- the collection, processing and use of my data is voluntary and that I can refuse my consent or revoke it at any time with effect for the future with the consequence that the treatment contract is not concluded.
- in the event of a revocation, this must be sent in writing to MVZ Labor Bavariahaus, c/o Lab4more GmbH, Augustenstraße 10, 80333 Munich or by e-mail to geschaeftsfuehrung@lab4more.de.
- I am entitled to request information about my stored personal data at any time.
- I am entitled to request the correction, deletion or blocking of individual data at any time.

I have viewed the information on data protection in accordance with Art. 13 DSGVO on the website www.lab4more.de/datenschutz or I have received a printed copy on request at info@lab4more.de. With my signature on the laboratory order, I agree exclusively to the collection, processing and forwarding of my data for the above-mentioned purposes.

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

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Name	First Name	Date of Birth
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House Number / Street	Post Code /Town	
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I have been fully informed by my consultant/practitioner of the meaning and consequences of the requested test.

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.

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Town/Date	Signature Patient or legal Guardian	Signature requesting Consultant/Practitioner
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