			DENTAL DIAGNOSTICS			
			MVZ Labor Bavariahaus		ī ah 1 de	
				ach 310165 • 8010 54more.de • www.		Lab4 ss
Name,	Name, first name of Patient D.o.B.		Telefon: +49 (0)89 543 217 - 0 • Telefax: +49 (0)89 543 217 - 55		Bogen 5	
			PATIENT CONSENT	PATIENT CONSENT		
Address			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			U	
					(N a)	
			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 §			0 3
			10 GOÄ. I have been informed that my health insurance may not cover or only partially cover			7 2 3
			various services; in this case, I nev	vertheless undertáke	to settle the total amount.	9.0
DOCT	OR'S STAMP	INVOICE TO	Furthermore, I confirm the corr	tness of the informa	ation provided here about myself.	
		☐ Private patient (64)	Date:	Patient's signature	x:	
		☐ Self payer (50)		Patient's Telepho	ne No	
		Alternatively to ☐ Practice (70)	REQUESTS WITHOUT A SIGNATURE CANNOT BE PROCESSED			
			REQUESTS WITHOU	TA SIGNATURE	CANNOT BE PROCESSED	
			☐ First visit (181)	Height	(cm) (171)	
Diagnosis/A	Additional Important information		☐ control (182)	Weight	(kg) (172)	
			☐ No report interpretation (183) Sex	Collection da	ate	
			☐ Male	•		
Addtional T	est requests		☐ Female	Time		
			☐ Other	Medication [yes □ no (184)	
			Please note: GDG! (Gene Diagn	nostic Law) see ove	r	
			Trease flote. OBG. (Gene Blagh	iostic zavv, see ove	<u>'</u>	
PERS	ONAL PROFILE	LATE R	EACTIONS (ITT®)		Tea tree, Thyme (red) oils	
	☐ P01 ☐ P02 ☐ P03 ☐ P04	□ NH ITT®-A		BON	E METABOLISM	€
MAT	ERIAL INTOLERANCES 24h		n, Cephalosporin, Tetracycline, nethoxazole	□s	Vitamin D	1683
	CYRA®-DENTAL MATERIALS IL2, IFNγ, IL10, TNFα	■ NH ITT®-A		□s	25(OH)-Vitamin D, total Vitamin D prov β-Crosslaps (8.00 a.m.)	1167
□ ин	Metals 6340	Metami	clofenac, Ibuprofen, Paracetamol, zole		Marker of bone breakdown	
	Gold, Palladium, Nickel, Silver, Chrome, Cobalt Titanium, Vanadium, Molybdenum, Platinum	□ NH III°-Lo	ocal Anaesthetics 24h 6226	□s	Osteocalcin Marker of bone formation	1545
□ ин	Combiprofile 6340		n, Procain, Ultracain, Xylonest dividual samples 24h 4260	STRE	ESS HORMONES	€
	Mercury, Gold, Palladium, Nickel, Silver, Chrome, HEMA, TEGDMA, MMA, Cobalt			□ SPZ	Cortisol morning value	901
□ ин	Amalgam 6333		! Please enter and senden	DET	Cortisol 30 min after getting up	
□ мн	Mercury, Silver, Tin Gold alloys 6337		JOSTIC (AUGO AU		DMPS-Test berfore/after DMPS (Hg,Zn)	± 1925
	Gold, Silver, Platinum, Palladium, Tin, Indium,		NOSTIC / NICO 24h ES (NICO-Marker) 617	€ □ SPZ	DETOX Plus	1773
□ мн	Iridium Implants 6336	☐ s,E Profile		684	Funktional Analysis of Detoxification - Pl	
	Titanium, Vanadium, Aluminium, Chrome, Coba	lt, regulatory. Bloo	RANTES, LBP, o od marker	CRPs, I PARI	DDONTOLOGY/IMPLANTOLOGY Please note lid colour	€
□ мн	Molybdenum Plastics/Glues 6338	for bact	erial Herd		Zahn Zahn or Zahn	Zahn
	MMA, BisGMA, TEGDMA, Benzoylperoxide,	Cadave	creening in Saliva 3284 rin, Putrescin		Zahn 4Zshes or Persample	Zailii
	4,4-IPDP, Hydrochinon, HEMA, Ethyleneglyco dimethylate	I- □ NH ATP-CI	neck (Mitochondrial damage) 5024			
□ ин	Cements 6332		O COMPOSITES in Saliva	€	Parident-Parodontologie Basis	
□ мн	Phosphate cement, Glasionomer cement Individual Samples (IL2,IFN _Y) 5400	☐ MSP Methad ☐ 2MSPMercu			Evidence of the most important parodo causers of Periimplantitis. Aggregatibac	
	each additional samp		3268		mycetemcomitans, Porphyromonas ging	givalis, Tannerella
	Individual samples! Please enter and STERILE senden	☐ 2MSPSilver ☐ 2MSPNickel	3263 3271		forsythia, Prevotella intermedia, Fusoba nucleatum, Parvimonas micra (Peptostre	
		☐ 2MSPCobalt			micros)	
	NIUM INTOLERANCE 24h	€ □ 2MSPChrom □ 2MSPPlatinu			1 Tube (Pooled sample) 4 Tubes (single samples see above)	7410 7440
□NH	Profile Titanium Intolerance 5237 CYRA®(ITT®) Titanium (TNFα, IL1-β, IL10)	☐ 2MSPTitaniu	ım 3269		Follow up test after 12 Weeks	7451
	Titanium stimulation test and High Responder	☐ 2MSPVanadi			1st Report No.	
□ мн	Status Titanium Stimulation Test 5238	☐ 2MSPPalladi	um 3265	☐ PR	Parident-Parodontologie Plus GDG! Pathogens + Interleukin 1 Reaction type	7450
	$CYRA^{\circledast}(ITT^{\circledast})Titanium\;(TNF\alpha,IL1\text{-}\beta)$		Element Analysis (>5ml MSP!) 3285 Bi, Cd, Co, Cu, Hg, In, Mo, Pb, Pd, Pt,		Polymorphism - IL1α, -β, IL1-RN	
MED	ICATION SENSITISATION 24h	€ Sn, Tl, Z	'n, Zr		MONITORING PARAMETERS	€
	SOFORT REACTIONS (Flow Cast) 13199		analyis of dentures 3286	□ PR	IL1 Reaction type GDG! Polymorphism - IL1 α , - β , IL1-RN	6027
□ E	Testing of		::	□ PR	Parident-Parodontology - Cal 7453	
		Sample	·		(1 Tube: Pathogens + Calprotectin) Calprotectin (Pooled sample)	3660
	Requestable Medications:		TION/SILENT INFLAMMATION 24h Inflammation Screening 618	€ □ FR	Single samples see above	3000
	Requestable Medications.		L-6, CRPs, IL-1β		Calprotectin 1. sample Calprotectin 2. sample	3660
□ E	Antibiotics Penicillin G (13901) Penicillin V (13902)	□ NH MonoC		☐ PR	Calprotectin 3. sample	3695 3696
	Penicillin G (13901), Penicillin V (13902), Cephalosporin(13905), Tetracycline (13907),	High-/L	ow-Responder, Inflammation status hibition Test 5150	□ PR	Calprotectin 4. sample	3697
	PPL (13901), Sulphamethaxozole , MDM (13904)		d Profile: Curcumin, Silymarin,	□ RT	THERAPY SELECTION ParoSelect Aromatogramm: 10 Oils	7460
□ E □ E	Antiseptics Chlorhexidine 13917 Analgesics	Boswell	lia serrata, SAMe hibition Test 5150		Culture und essential oils, no pathogen	
	Lys-Aspirin (13911), Ibuprofen (13913)		ic oil Profile: Manuca, Lemon grass,	ПА	Candida/Fungi with Antimycogramm	10090
	Diclofenac (13912), Paracetamol (13914), Dipyron/Metamizole				-	
□ E	Local anaesthetics					
	Lidocain (13916), Articain (13913), Bupivacain, Mepivacain					
	•					
	1st Urine before and AS Shavings after Infusion E EDTA	MSP Morning saliva after getting up	RT Parotube with SPZ Sp Transport medium	ecial Test Kit		
	Swah NH Na Henarin	PR Parotube dry		nendent upon complexity		

STAGE OF TREATMENT	ANTIBIOTICSS/ MEDICATION	OTHER ENVIRONMENTAL FACTORS					
□ before inital treatment	yes no	Stress (Niveau 1-10: 1 = no Stress; 10 = high Stress)					
☐ after initial treatment	which	0 2 3 4 5 6 7 8 9 10					
☐ after Parodontal surgery	when	CLINICAL PARAMETERS					
□ prevention before Implantation	for what	☐ BOP in % all probed sites					
□ after Implantation	HYPERSENSITIVITY TO ANTIBIOTICS	☐ Depth of probe > 6mm (number of pockets)					
□ PZR control	yes no	☐ Bone loss in % (1mm = 10% bone loss)					
CLINICAL DIAGNOSIS	which	☐ Missing teeth					
☐ Gingival disease	SYSTEMIC DISORDERS	SMOKING					
☐ Chronic Parodontitis	□ Diabetes	never					
☐ Aggressive Parodontitis	☐ Renal disease	no (for less than 1 year)					
☐ PA by Systemic disease	☐ Rheumatic disease	no (for more than 1 year)					
□ Necrotisising PA disease	☐ Cardiovascular disease	yes (<10 cigarettes per day)					
□ Periimplantitis	 Osteoporosis 	yes (>10 cigarettes per day)					
□ Zahnfleischbluten	□ treated						
☐ Inflammation of the oral mucosa	☐ family history						
☐ Inflammation of the gums	☐ Hypertension						
☐ Increased salivation	☐ Hypotension						
☐ Metallic taste							
CONSENT TO COLLECTION / TO ANISEED OF MY DATIENT DATA (Stand 01/2022 VE)							

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										
Name	First Name	Date of Birth								
House Number / Stre	et	Post Code /Town								
I have been fully informed by my consultant/practitioner of the meaning and consequences of the requested test.										
	tion of the necessary samples for the requested collected being sent to the requested laboratory.	tests. This consent may be withdrawn at any time prio	r to the beginning of the testing process. I also							
I consent to the forward	rding of the request to a cooperating laboratory									
Town/Date	Signature Patient or legal Guardian	Signature requesting Consultant/Practitioner								