PLEASE MARK THE RIGHT ANSWER, ENTERING INFORMATION IN CAPITAL	8. Inyroid disorders (e.g. hypothyroidism, thyroid hyperactivity, thyr				
LETTERS OR APPROPRIATE UNDERSCORING.	enlargement, other)?				
Have you recently been under medical supervision	YES 🗆 NO 🗆				
due to chronic illness?	9. Eye diseases (e.g. glaucoma, cataracts, other)?				
YES □ NO □ 2. Do you always take some medicine?	YES \Boxed NO \Boxed				
YES   NO	10. Diseases of the nervous system (e.g. epilepsy, paresis, other)?				
Indicate which one	YES NO				
Are you AWARE that you have been/are suffering from one of the following diseases:	11. Have you been treated for mental illness (e.g. neurosis, depression, other)?				
Tonowing dioduces.	YES   NO				
<ol> <li>Heart disease (e.g. myocardial infarction, coronary heart disease, heart defect, myocarditis, arrhythmias, other)?</li> <li>YES □ NO □</li> </ol>	12. Bone system diseases (spine, joints, other)? YES □ NO □				
2. Do you suffer from hypertension?	40.5				
YES NO	13. Do you have any stomach or duodenal ulcer?  YES □ NO □				
3. Lung and respiratory tract diseases (e.g. tuberculosis,	14. Blood diseases or blood coagulation disorders (e.g. tendency				
pneumoconiosis, pneumonia, emphysema, bronchial asthma, other)?	for the formation of hematomas, epistaxis, other)? YES $\square$ NO $\square$				
YES NO	TEO = NO [				
4. Liver diseases (e.g. jaundice, cirrhosis, other)?	15. Sensitization (hay fever, rashes, hypersensitivity to food,				
YES NO	medication, plaster)? YES □ NO □				
5. Do you have varicose veins of the lower limbs (legs)?	128				
YES   NO	16. Do you suffer from any other disease not listed above?				
6. Kidney diseases (e.g. inflammation, stones, other)?	YES U NO [				
YES NO	What disease?				
7. Metabolic disorders, e.g. diabetes?					
YES \( \Box \text{NO } \Box \text{III}					

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17. Do you si	moke regularly □	/? NO		25. I have been referred to Klinika Stomatologiczna TRIC the following way:	O-DENT in
18. Do you re	egularly drink a	alcohol	l?		
-		NO		Recommendation by another doctor	
19. Are you u	ised to any me	dicines	s?	Recommendation by other patients/friends [	
-	-	NO		Internet Advertising	
20. Do you h	<del>_</del>			Advertising  Other	
		NO		Culci	
21. Other ren	narks (e.g. acc	idents	3)?		
YES		NO		26. I have been sent to Klinika Stomatologiczna Trio-Der	nt to:
				<ul> <li>a specific doctor/hygienist</li> </ul>	
22. Are you p	oregnant?	NO			
If you are pre	egnant it is abso	olutely	necessary to inform about it during	(name and surname)	
the registration PERFORMIN only when the	on and the X-ra NG THE TEST. ere are importa	y appa X-rays ant med	aratus operator BEFORE s of pregnant women are performed dical indications. Health of December 24, 2002.	without a specific name of the doctor/hygienist	
				I DECLARE THAT THE INFORMATION IS COMPLIANT	WITH THE
23. Do you consent to the use of the contact indicated earlier for			he contact indicated earlier for	TRUTH.	
medical purp	oses, i.e.: remi	nding a	about dates of the booked visits,		
	sits, hygienizati	_			
changes in the delays?	he booked date	es, pos	ssible deferrals, cancellations,	WARSAW, date	
SMS			NO 🗆	Patient's legible signature	
	YES		NO 🗆		
Mail	YES		NO 🗆		
24. I was pr	reviously unde	r denta	al care		
•	Regularly				
•	Irregularly				
•	With one spe				
I have undergone multidisciplinary treatment			nultidisciplinary treatm⊌nt	<b>W</b> E KINDLY ASK TO UPDATE THE INFORMATION WHENEVER TH CHANGE IN HEALTH THE DURING SUBSEQUENT VISITS TO OUR	
Warsaw, 3 Polna	Str.				

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## The information clause regarding the Patients of Specjalistyczna Przychodnia Stomatologiczna TRIO-DENT

- 1. Dear Patients, the Administrator of your personal data is Specjalistyczna Przychodnia Stomatologiczna TRIO-DENT Agnieszka Laskus, Jerzy Perendyk s.j., hereinafter referred to as: "the Administrator". You may contact the Administrator by writing to the following address: 00-622 Warsaw, 3 Polna str., or by calling the number: 22 87509454 or via data protection officer, by writing to the e-mail address: inspektorochronydanych@triodent.com.pl
- 2. Your data are processed in order to protect your health, provide medical services, manage the provision of these services and treatment. The legal basis for the processing of the data obtained is the Act of November 6, 2008, on patient rights and the Ombudsman of the Patient's Rights.
- 3. Your personal data is processed only to the extent related to the implementation of the above objectives. We do not share your data with other recipients except entities which process data on our behalf, participating in the implementation of the objective described in point 2,or participating in the implementation of legal obligations imposed on us, and entities authorized under the regulations of the law.
- 4. The administrator does not intend to transfer your data to a third country or to any international organizations.
- 5. Your data will be kept for no longer than it is necessary, i.e. for the period designated by the applicable law: the Act of November 6, 2008 on patient rights and the Ombudsman of the Patients' Rights.
- 6. You have the right to request from the Administrator to access your data, to rectify it, to update it, as well as the right to limit data processing. The rules for the provision of medical records have been defined by the Polish law.

- 7. Due to the processing of your personal data by the Administrator, you have the right to submit a complaint to the supervisory body.
- 8. Providing us with your personal data is a statutory requirement, it applies to every patient for whom we pursue the objectives described in point 2.
- 9. Based on your personal data, the Administrator will not make automated decisions against you, including decisions resulting from profiling\*.
- \* Profiling means any form of automated processing of personal data, which involves the use of personal data to assess some of the personal person's personal factors, in particular to analyze or forecast aspects of the work of that individual, its economic situation, health, personal preferences, interests, credibility, behavior, location or movement.

The use of your personal data for marketing purposes may take place only after your consent.

Do you agree to the use of your data for marketing purposes?

YES		NO		
Legible s	signature c	of the patient	 	 