



## Dear Patient

We are pleased that you have chosen our special consultation hour "UmweltZahnMedizin". With this letter we would like to give you some important information about the course of your first appointment on

Enclosed you will receive a registration form (incl. general declaration of consent and anamnesis questionnaire), a documentation form (incl. instructions on how to fill it in), information on billing modalities (incl. declaration of consent), and directions. Please bring these documents filled out and signed to your appointment.

Important: Please do not forget to bring the following documents (if available):

- **X-rays (you will receive them from your dentist)**
- **Treatment documentation from your dentist / doctor**
- **Preliminary findings, as well as all other relevant documents such as allergy passport, previous medical history, medication list, etc.**

It would be advantageous if you could arrive 10 minutes before your appointment, so that we still have time for possible administrative work.

Further information about our practice as well as information on how to get here and a route planner can also be found on our homepage

**[www.zahnarzt-kilchberg.ch](http://www.zahnarzt-kilchberg.ch)**

Since the reason for your visit in our office goes far beyond a routine dental examination (e.g. diagnosis of material incompatibility, referral for clarification of causes of chronic diseases, etc.), we would like to offer you a personal consultation. For the initial examination (detailed findings and anamnesis discussion), we will probably take up to 1 hour with you as required. Please plan this time for yourself and confirm our appointment schedule.



### Information on invoicing modalities

Despite its orthodox medical contents and approaches, "UmweltZahnMedizin" is not yet officially recognised by the cost units (health insurance companies, subsidy offices, social authorities, insurance companies, IV and similar). Consequently, these guarantors will probably not cover the costs for services and also for the possibly upcoming laboratory diagnostics. Therefore, for an individual examination of a reimbursement, please contact your insurance company directly.

The consultations and treatments will therefore only be charged privately as follows:

"UmweltZahnMedizin consultation" first session incl. study of files	
first 30 min	160.00 CHF
each additional 30 min	80.00 CHF

Further diagnostic and therapeutic discussions (discussion of findings, follow-up sessions, telephone information, etc.) will be charged additionally according to the SSO tariff and/or the time required. The same applies to X-rays (OPG 2D 186.71 CHF / DVT 3D 394.00 CHF), findings reports, treatment measures and laboratory diagnostics (if these were ordered through our practice).

### Declaration of consent

I am aware that the UmweltZahnMedizin (UZM) is not yet recognized by conventional medicine. A healing success can never be guaranteed and therefore cannot be promised. The UZM consultation, as well as any resulting diagnostics and treatment, is explicitly at my personal request.

I have been informed about the lack of reimbursement by the cost units as well as about the expected costs and I agree to bear the costs privately.

I affirm that I have listed all diseases and complaints known to me in the medical history sheet to the best of my knowledge.

I have noted that I must cancel an appointment at least 24 hours in advance if I cannot attend it (appointments not cancelled in time will be charged according to the SSO tariff "missed session")

I release Dr Tartsch from his duty of confidentiality towards my referring doctor/family doctor and agree to the exchange of findings/treatment data between Dr Tartsch and my referring doctor/family doctor.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
signature



## Documentation sheet / Symptom sheet

Diagnostics and therapy in environmental dentistry are carried out according to scientific criteria. This includes the documentation of treatment results. We therefore ask you to fill out the enclosed "Complaint Form".

The following questions are important to us in this form:

Which symptoms exist before the treatment? How have the symptoms changed after the treatment?

Explanation of how to fill in the form:

The classification in 3 = strong, 2 = moderate, 1 = hardly at all and 0 = not, is intended to reflect the degree of stress caused by the existing complaints before and after the treatment. Only tick the assigned number. For complaints not listed, use the free fields at the end of the table. If 2 symptoms are listed in a field, but only one applies to you, then delete the symptom that does not apply. If both apply, leave both

For example:

weakness of arms/legs	X 2 1 0	3 2 1 X
Sniffles. Tonsillitis	3 X 1 0	3 2 X 0

These examples thus show that the weakening of the arms has subsided after the metal restoration, the cold has only undergone minor changes and tonsillitis is not present

Thank you very much for your cooperation!

Signatur: \_\_\_\_\_ date \_\_\_\_\_

**Name in block letters:**



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tremble, tremor	3 2 1 0	3 2 1 0
Fatigue, tiredness, lack of energy	3 2 1 0	3 2 1 0
Sleep problems	3 2 1 0	3 2 1 0
Insensitivity hands/feet/legs	3 2 1 0	3 2 1 0
weakness of arms, legs	3 2 1 0	3 2 1 0
diminished responsiveness	3 2 1 0	3 2 1 0
Electrosensitivity	3 2 1 0	3 2 1 0
Lack of concentration/memory	3 2 1 0	3 2 1 0
Anxiety Nervousness	3 2 1 0	3 2 1 0
<i>Depressivität, Missmut, Unruhe</i>	3 2 1 0	3 2 1 0
<i>rhinitis, tonsillitis rest</i>	3 2 1 0	3 2 1 0
<i>Sinuses. Common cold</i>	3 2 1 0	3 2 1 0
<i>Headache, migraine</i>	3 2 1 0	3 2 1 0
<i>joint - o. rheumatic complaints</i>	3 2 1 0	3 2 1 0
<i>Neck Pain</i>	3 2 1 0	3 2 1 0
<i>Swindle</i>	3 2 1 0	3 2 1 0
<i>visual disturbance, oedema of the eyes</i>	3 2 1 0	3 2 1 0
<i>ringing in the ears, noises in the ears</i>	3 2 1 0	3 2 1 0
<i>Asthma, cough</i>	3 2 1 0	3 2 1 0
<i>Cardiac arrhythmia</i>	3 2 1 0	3 2 1 0
<i>diarrhoea, vomiting</i>	3 2 1 0	3 2 1 0
<i>Colitis ulcerosa / Morbus Crohn</i>	3 2 1 0	3 2 1 0
<i>gastroenteritis</i>	3 2 1 0	3 2 1 0
<i>problems with digestion</i>	3 2 1 0	3 2 1 0
<i>kidney and urinary tract diseases more frequent urge to</i>	3 2 1 0	3 2 1 0
<i>hair loss, dull hair</i>	3 2 1 0	3 2 1 0
<i>skin itching, rashes</i>	3 2 1 0	3 2 1 0
<i>Gray face colour</i>	3 2 1 0	3 2 1 0
<i>burning of the tongue or mucous membrane</i>	3 2 1 0	3 2 1 0
<i>Metal taste in the mouth</i>	3 2 1 0	3 2 1 0
<i>bleeding gums in the mouth</i>	3 2 1 0	3 2 1 0
<i>Dry mouth</i>	3 2 1 0	3 2 1 0
<i>hay fever</i>	3 2 1 0	3 2 1 0
<i>Loss of appetite</i>	3 2 1 0	3 2 1 0