

**DENTAL-MEDICAL PRACTICE OFFICE
DR ANNIBALE AND MATTIA BARBUTO – AMB**

COLLECTION DATA

SURNAME..... NAME.....

COUNTRY..... STATE.....

PROVINCE AND/OR DISTRICT.....

CITY-TOWN.....

STREET-ROAD-AVENUE OF RESIDENCE.....

POSTAL CODE.....DATE OF BIRTH.....

PLACE OF BIRTH..... JOB-PROFESSION.....

MAIN PHONE NUMBER..... SECOND PHONE NUMBER.....

E-MAIL..... FACEBOOK.....

INSTAGRAM..... OTHER CONTACTS.....

NAME OF “FAMILY DOCTOR” (not
dentist).....

AS HE HAS KNOWN USED BY / WHO HAS BEEN SENT / AS HE HAS
FOUND?.....
.....

Anamnestic summary (do not fill in, by the medical staff)

0 Anamnestic history negative

0 Anamnestic history positive

.....
.....
.....

DENTAL-MEDICAL DATA COLLECTION

We kindly ask you to respond accurately to the following questionnaire. Knowing your general state of health allows us to treat you better, taking into consideration the information you have provided.

As a patient, you also undertake to notify us of any change in your oral and general health status so that we can update your situation and if necessary re-set the treatment approach according to the prescribed clinical protocols.

This questionnaire is protected by professional secrecy, all information contained in it that you will begin with is strictly confidential.

The EU regulation 2016/679 (European privacy law) regulates the processing of all data provided by you.

If you think it is necessary to ask for clarifications of any kind on this questionnaire, the medical-dental clinic team is at your disposal.

| DISEASE-PROBLEM | Yes | No | SPECIFY-OTHER |
|---|-----|----|---------------|
| | | | |
| Generic Allergy or Intolerance | | | |
| Food Allergy or Intolerance | | | |
| Metals Allergy or Intolerance | | | |
| Drugs-chemical compounds Allergy or Intolerance | | | |
| Diabetes | | | |
| Heart diseases | | | |
| Digestive system diseases | | | |
| Immunitary system diseases | | | |
| Nervous system diseases | | | |
| Kidney diseases | | | |
| Skin diseases | | | |
| Have never suffered accident with general anesthesia? | | | |
| Have never suffered accident with local anesthesia? (dental-medical or other) | | | |
| Try fear or anxiety before coming to the dental office? | | | |
| Do you happen to not sleep, or sleep very little the night before the appointment in the medical-dental clinic? | | | |
| Suffer from depression? | | | |
| Smoking? (if yes how much) | | | |
| Consume drugs or psychotropic drugs? | | | |

| | | | |
|---|--|--|--|
| Consume alcohol? (if yes how much) | | | |
| Suffers from headache-migraine or dizziness? | | | |
| Suffers form back and/or neck pain or disturb? | | | |
| Happens to wake up in the morinig with a sense of tension to the muscles of the face? | | | |
| Do you happen to tighten or grind your teeth during the night (according to you) or during the day while doing some activity? | | | |

- 1) Do you know about your blood pressure values? Min Max
- 2) Do you suffer from Viral Hepatitis (Hepatitis A - B - C - Other type ...)?
YES NO
- 3) Do you suffer from Acquired Immune-deficiency Syndrome (HIV-AIDS)? YES NO
- 4) Do you take medications-drugs on an ongoing basis? If yes, for what reason?
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.....
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.....
- 5) Do you suffer from any pathology, anomaly or problem not previously listed so far in this questionnaire? If yes, which are?
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.....
- 6) What is the reason for your visit here in our the dental office?
.....
.....
.....
.....
- 7) Can you kindly list the name (s) of the drug (s) that you normally take on?
.....
.....
.....
.....

It may be necessary to complete other documents upon your arrival here in the dental office.

ONLY FOR THE women-girls:

- Is the menstrual cycle regular? YES NO
- Are you pregnant or suspected of being pregnant? YES NO

DATE ... / ... / SIGNATURE (guardian / parent if minor)

Information on data processing pursuant to art. 13 of the EU Regulation 2016/679

Data controller

We inform you that according to the EU regulation 2016/679 (infra: "Regulation"), your personal data will be processed by the office of Dr. Annibale Barbuto (dental practice Dr A&M Barbuto AMB) as data controller ("Owner").

Types of data being processed

The holder will treat the data that fall within the definitions of the art. 4 (1) and 9 (1) of the Regulations, including, by way of example and not limited to, name, surname, telephone number, e-mail address, as well as special categories of personal data such as health status data which will be collected in the performance of medical and dental services, below and overall "Personal Data".

Purpose, legal basis and optional or mandatory nature of the processing

Your personal data will be processed, upon your specific consent, if necessary, to:

provide the requested services (perform dental services, find specific requests for information, perform, if necessary, pharmacological services, dental consultancy, provide clarifications, and in general, for the management of activities, including administrative-accounting, related to the execution of the relationship between the parties)

fulfill any obligations required by law, and / or by a regulation or community legislation

communicate your Personal Data to your doctor

promotional and commercial activities (if any), including the possibility of processing statistics and market research, sending you information and promotional material regarding the activity, products and services of the medical practice / owner. If you decide to give your consent for this activity, we inform you that these can be carried out by:

- paper mail - telephone contact by operator - e-mail - sending of sms - use of social networks

We also inform you, that at any time you can decide to revoke the consent previously issued, for traditional or automated methods, communicating to the Data Controller without any formality by writing to the address indicated at the bottom of this regulation. If, in any case, you wish to object to the processing of your data for this purpose performed with the means indicated here, you may do so at any time by contacting the Owner, without assessing the lawfulness of the processing based on the consent given before the revocation.

The legal basis of the processing for the purposes referred to in subparagraph a) is Article 6 (1) (b) of the Regulation ("the processing is necessary for the execution of a contract of which the interested party is a party or the execution of pre-contractual measures adopted at the request of the same "). The processing of special categories of personal data is based on Article 9 (2) (h) of the regulation ("Processing is necessary for the purposes of preventive medicine or occupational medicine, assessment of the employee's ability to work, diagnosis, assistance or health or social therapy or management of health and social systems and services ... "), as well as the pro tempore authorizations currently in force by the Guarantor for the protection of personal data. The legal basis of the processing for the purpose referred to in letter c) is art. (6) (1) (a) of the Regulations ("the interested party has given his consent to the processing of personal data for a more specific purpose"). The legal basis of the processing for the purpose referred to in letter d) is art. (6) (1) (a) of the Regulations ("the interested party has given his consent to the processing of personal data for a more specific purpose").

The provision of your Personal Data for the purposes indicated above under letters a) and b) is optional, but failing that it will not be possible to perform the medical and dental services. Providing your Personal Data for the purposes indicated above in the letter. c) it is optional and failure to provide such data will not prevent the completion of the medical and dental services and the provision of the services requested, without the impossibility for the Studio to communicate the personal data to its attending physician. Providing your Personal Data for the purposes indicated above under letter d) is optional, and failure to do so will not prevent the performance of the service and the provision of the services requested.

Recipients and transfer of Personal Data

Your Personal Data may be shared with:

- physical persons authorized by the Data Controller to process personal data after signing a confidentiality agreement (eg employees and / or collaborators of the Data Controller)
- commercialist, dental laboratory and / or other professionals who provide assistance and advice to the Data Controller who act as data controllers
- subjects, bodies or authorities to which it is obligatory to communicate your Personal Data by virtue of laws, regulations or orders of the authorities (by way of example but not limited to: Revenue Agency, Health Card System)
- to your curantw doctor, upon release of your specific consent

The owner does not transfer his personal data outside the European economic area.

Storage of personal data

Your Personal Data referred to in letter a) will be kept for the time necessary for the performance of medical and dental services and the services requested. In any case, the further conservation envisaged by the applicable legislation, including that provided by art. 2946 c.c.

Your personal data will be processed for the purposes indicated in letter b) and will be kept up to the time required by the specific obligation or rule of law or applicable provision.

For the purposes referred to in letters c) and d), your Personal Data will instead be treated, as a general rule, until your consent is revoked. Therefore, in the event that it withdraws from the services offered, the Personal Data could also be processed subsequently for the purposes referred to in letter d) if it has not revoked its consent.

The possibility of the Data Controller to save his personal data for the period of time foreseen and admitted by the national law for the protection of his interests (Article 2946 of the Civil Code) is reserved. More information is available from the owner.

His rights

You have the right to request from the Data Controller, at any time, access to your personal data, to rectify or cancel them or to oppose their treatment, you have the right to request the limitation of processing in the cases provided for by art. 18 of the regulation, as well as to obtain in a structured format, commonly used and readable by automatic device, the data concerning it, in the cases provided for by art. 20 of the Regulation.

Requests should be sent in writing to the Owner at the following address:
via Milano 15 - 21019 - Somma l.do (paper mail) - annibale.barbuto@alice.it (e-mail)

In any case you are always entitled to lodge a complaint with the competent control authority (guarantor for the Protection of Personal Data), pursuant to art. 77 of the Regulation, if it considers that the processing of its Personal Data is contrary to the legislation in force.

Read and understood the information pursuant to art. 13 of Regulation 2016/679

I agree I do not agree

to the processing of my personal data for purposes referred to in letter d)

I agree I do not agree

to the communication of my personal data to my attending physician.

_____, there _____

Name Surname: _____

Signature _____

IN CASE OF MINOR PATIENTS

I, the undersigned, (parental / guardian liability data),

First Name Last Name _____, born a _____, on

_____,
resident in _____, via _____, n ° _____,
CAP _____

First Name Last Name _____, born a _____, on

_____,
resident in _____, via _____, n ° _____,
CAP _____

read and understood the foregoing, without prejudice to the fact that the
Personal Data of the minor can never be used in a way that damages his dignity /
freedom:

I consent I do not agree

to the communication of the Personal Data of the minor to the attending
physician.

Furthermore, I guarantee and declare under my own responsibility, thus holding
the Data Controller harmless from any responsibility in this regard:

a) to be the legal representative of the minor and to be entitled to decide,
dispose and authorize third parties, in any form or manner, to exercise the
aforementioned rights;

b) that the identifying data on the declarations of the declarant and the minor
actually correspond to their true identity.

_____, there _____

Signature of the parent's guardian / guardian of the
minor _____