

ZAHNARZTPRAXIS
Dr. Ludwig und Kollegen

Dr. Volker Ludwig | TS: Implantologie BDIZ/ Prothetik * Dr. Bernadette Rosti (aZä)
Dr. David Kruzolek (aZa) * Dr. Miriam Bebenek (aZä) * Christian Köhler (aZa)
Dr. Maximilian Schwertner (aZa) * Dr. Sabine Autenrieth (aZä) * Dr. Sonja Ungvári (aZä)
Dr. Franziska Zorzin (aZä)

Patient

Name, first name: _____

Phone: _____ Email address: _____

Computer number: _____ Next recall: _____

Agreement on RECALL SYSTEM

Declaration of consent under data protection law in the recall system for the processing of personal in accordance with art. 6, 7 para. 1a DSGVO

Dear patient,

our dental practice offers a recall system for appointments. If you wish, we will be happy to remind you of appointments that have already been made or recurrent appointments for upcoming check-ups or prophylactic measures.

Yes, I would like to participate in the recall system of this dental practice. I agree to the necessary storage of my personal data by the practice (name, address, phone, if necessary mobile phone, email address).

I am aware that I can revoke this consent at any time in writing or by email to the dental practice (art. 7 para. 3 DSGVO).

The revocability of the consent at any time does not affect the lawfulness of the processing carried out on the basis of the consent until revocation (art. 7 para. 3 sentence 2 DSGVO).

Fürth, _____

Signature of patient _____
(If under 18 signature of a parent/guardian)

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Öffnungszeiten:

Montag – Donnerstag 8-20 Uhr

Freitag 8-18 Uhr

Samstag 9-13 Uhr