



ZÜRI ZAHNI

CANO + ZIMMERMANN @ WRIGHT PLACE

General questionnaire

1. PATIENTS DATA

Name First name Date of birth.....
 Marital status ☐ single ☐ married ☐ widowed ☐ divorced Sex ☐ female ☐ male
 Nationality Profession Employer

The data of the guardian for children (under 18)

Name First name Date of birth.....
 Marital status ☐ single ☐ married ☐ widowed ☐ divorced Sex ☐ female ☐ male
 Nationality Profession Employer

The address

Street
 Zip code Residence Country

Phone

Privat Business Mobile
 Email

Additional informations

How did you become attentive of us?
 Previous dentist? Zip code
 Doctor? Zip code
 Health insurance/AHV-Nr.

2. METHOD OF PAYMENT

I am

☐ Privat payer

I am supported by

☐ Social welfare office
☐ Asylum authorities
☐ EL-supplementary services

☐ Other institutions (address and contact person)

.....

Date

Patient's signature

Legal representative



Patient Information/ Disclaimer

Dear Patient,

We warmly welcome you to Züri Zahni and thank you in advance for the trust you place in us. An examination and/or a possible therapy is planned for you. Before we begin, we kindly ask you to read the following information and give us your consent by signing.

At Züri Zahni, we treat you according to the latest standards and findings of science. Despite high quality standards and careful work, complications may occur or pain may arise. **Points to be noted:**

Dental Treatment

Local anesthesia

Depending on the treatment, a local elimination of pain sensation may be necessary. Despite professional application, general or local side effects are possible: intolerance to the substance used (allergy), reactions in the cardiovascular system (palpitations, drop/increase in blood pressure, dizziness), bruising (haematomas). In rare cases, nerve fibres may be damaged during a conduction anesthesia. As a result, a temporary facial asymmetry or temporary – in very rare cases permanent – sensory disturbances (tingling, altered sensations up to numbness) in the corresponding area may occur. Please refrain from eating while the anesthesia is active, as this may lead to bite injuries, burns, or frostbite.

Tooth preservation/extraction

It may be necessary to shorten a tooth in length or, depending on the degree of destruction, to remove it. Teeth, especially in the context of root canal treatment, extraction, removal of old or deep crowns/fillings, crown/bridge preparation, removal of deep caries or tartar removal, may fracture and sometimes can no longer be preserved.

Root canal treatments

A root canal treatment is an attempt to save the tooth (success rate of 90% for first treatment, 60% for re-treatments/revisions after previous root canal therapy). Long-term preservation is not guaranteed. Rarely, root canal instruments may fracture, or a complicated root canal anatomy may prevent optimal therapy. In such cases, the tooth may no longer be worth preserving, or the treatment may only be performed as a compromise, which can be impaired in the short, medium, or long term. In addition, the risk of root or crown fractures increases significantly during and after root canal treatment.

The occurrence of such complications is possible despite careful treatment and does not constitute a claim to free follow-up treatments or prosthetic replacement.

Pain after root canal treatment

Even without previous symptoms, pain may occur after a root canal treatment, caused by tissue changes and the elimination of bacteria. In the worst case, swelling may develop, requiring pain management or antibiotic therapy.

Extractions

In the context of an extraction, pain, infections, swelling, or post-/bleeding may occur. In rare cases and with certain anatomical positions of the teeth, there may be dislocation of teeth/tooth fragments into the surrounding tissue, an opening of the maxillary sinus, nerve damage, or a jaw fracture.

Reconstructions

A reconstruction, whether a filling, crown, bridge, implant, or denture, may be damaged or loosen under heavy load. Any subsequent goodwill adjustments are based on the guidelines of the SSO (Swiss Dental Association).

Pulp reactions after conservative or prosthetic treatment

Despite careful execution, vibration, heat, proximity to the pulp, or existing bacterial invasion may irritate the dental nerve. This can lead to acute pulpitis with severe pain or to the death of the nerve (devitalisation) – immediately or even days, weeks, months, or years later. In such cases, a root canal treatment may be necessary.

Nitrous oxide sedation

This method helps patients, especially children, to experience treatments in a relaxed way. Side effects may include slight nausea or dizziness. Please note that the patient must not eat for at least 4 hours before the procedure and must not drink for 2 hours before. On that day, activities that could lead to accidents (cycling, scooter or roller skating, climbing, swimming, etc.) should be avoided.

Subcutaneous emphysema

In rare cases, air may enter the surrounding tissue (subcutaneous emphysema). This may occur, for example, during the use of powder jet devices (airflow), treatment of periodontal pockets or implant surfaces, during endodontic treatments with air/water spray, during subgingival preparations with turbines, or during surgical procedures. An emphysema typically presents as swelling with a crackling sound on palpation and is usually treated with antibiotics.

Prophylaxis

Risk of loss of tooth substance or fillings

During a dental cleaning with ultrasound, hand instruments, airflow, and polishing/cup, it may in rare cases lead to chipping of tooth



substance or loosening of insufficient or non-retentive fillings (e.g., with marginal gaps, secondary caries). An intact and sufficient filling should normally not be affected. This does not constitute a claim for compensation or free replacement.

Possible pain during treatment: During cleaning, pain and bleeding may occur, especially when inflamed gums or sensitive tooth necks are treated. Local anesthesia can be administered if necessary.

Changes after treatment

After treatment, the gums may recede as healing progresses, exposing tooth necks and making them more sensitive. In some cases, so-called "black triangles" (dark gaps between teeth) may become visible. This is a natural healing process and does not represent a treatment error or a complication.

Costs & Estimates

Short-term appointment cancellations

Appointments cancelled or rescheduled less than 24 hours in advance will be charged.

Request and billing of cost estimate

If you would like a cost estimate for your treatment, please let us know explicitly.

► The planning and preparation of a detailed cost estimate is a medical service according to the SSO tariff (Pos. 4.0252, TP 31.1–42.1) and will be charged accordingly.

► Organizational effort for special treatments: In individual cases – e.g., when planning general anesthesia treatments – considerable organizational effort arises even in advance. Should the treatment not be carried out, we reserve the right to charge this effort according to the SSO tariff (Pos. 4.0252 TP 31.1–42.1 as well as 2× Pos. 4.0680 TP 71.1–96.3).

Nature of the cost estimate and additional effort

A medical cost estimate is an estimate based on the current findings and experience, not a binding fixed-price quotation.

► Deviations of ±15% are common in dental treatment and provided for in the cost estimate.

► Should greater additional effort arise during the course of treatment, this will be communicated transparently and documented comprehensively – however, no new cost estimate will be issued without explicit request.

School voucher cost regulation

With the annual school/municipal voucher, we can directly bill the dental check-up, the application of fluoride varnish, and – if provided for – up to two bitewing X-rays to the responsible municipality/school. The scope of services may vary depending on the municipality.

Please note: Services not included in the school voucher (e.g., dental cleaning or further treatments) will be invoiced privately/separately. You may possibly submit these to your supplementary insurance.

The school voucher must be presented on the day of the appointment. A subsequent submission (e.g. by post, e-mail, or at a later appointment) is unfortunately not possible for administrative reasons and due to the considerable additional effort involved. If the voucher is not available on the day of treatment, the services will be invoiced privately.

Completion of supplementary insurance forms

The completion of insurance forms constitutes a medical service according to the SSO tariff (Pos. 4.0460, TP 65.2–88.2). These costs will be invoiced to you privately and are not covered by the insurance.

Responsibility of the patient

Billing for non-performed treatment

Regardless of the type of planned treatment, the following applies: If a treatment cannot be carried out or can only be carried out partially due to patient-related reasons or medical safety reasons – e.g., due to lack of cooperation or other individual circumstances – the reserved time or planned treatment will be billed in full. This applies to all types of appointments. We ask for your understanding that we cannot bill our provided time and personnel resources based on outcome.

Completeness of information

Please provide all health and administrative information (e.g., contact details, habits, illnesses/findings, medications) completely and truthfully and inform us immediately of any changes. Missing or incorrect information may endanger treatment and, in extreme cases, lead to serious complications. Without complete and up-to-date information, we cannot take responsibility for possible consequences.

No guarantee of success

For medical treatments, no guarantee can be given for success or durability. The result depends on many factors, some of which cannot be influenced – such as genetic predisposition, individual anatomy, tissue quality, healing ability, general illnesses, medication intake, material compatibility, as well as lifestyle (diet, oral hygiene, grinding/clenching). These influences are beyond our direct control and may limit the prognosis.

Declaration of Consent

By signing, I confirm that I have taken note of the above points and that I have been informed in an understandable way about the procedure and the risks of the examination or intervention. My questions have been answered to my satisfaction.

I hereby authorise my treating dentist and the practice staff to request access to medical records and to forward the necessary patient data – including digitally recorded medical history and treatment data – to the respective private or state institutions/authorities for assessment, invoicing, and/or collection. I release the treatment team from the duty of confidentiality towards all authorized third parties, insofar as this is required in the context of my treatment and its organization.

I accept the updated privacy policy, the guidelines for handling patient information, as well as the digital recording, storage, and



processing of my data in the practice software. I am aware that when exchanging data via classical or modern communication channels, certain residual risks may remain despite all due care. I agree that the practice may contact me using the contact information I have provided (telephone, SMS, e-mail, postal mail, chat) – including for administrative and medical matters.

I agree to the treatment

Date
Patient's signature Legal
representative