

**Declaration of consent for the collection/transfer of patient data**
(§ 73 Abs. 1 b SGB V)

patient last name, first name**Pat-Nr.**

full address

date of birth

Name of legal guardian (for underage patients) parents other legal guardian in case of a judicially ordered care, name of the caretaker:

last name, first name**date of birth**

full address

I declare consent that MKG Bamberg MVZ GmbH or the treating doctor collects, processes and stores my patient and treatment data/findings or the corresponding data of my child or the person cared for in accordance with the EU-GDPR. I also declare consent with transferring the necessary data to the laboratories in the case of laboratory tests and, if required, transferring the data to recivers as described in the GDPR patient information. In particular, the treatment data / findings may be transferred to the family dentist and to further treating doctors for the purpose of further treatment.

 I have taken note of the GDPR patient information. **I agree to be contacted by telephone for appointment reminders and check-ups as well as for appointment changes.** **I am aware that I can revoke this consent at any time and without giving reasons.**

city, date

Signature
(in the case of minors, signature of the legal guardian or caretaker)