



STUDIO ODONTOIATRICO
DEL LIDO



SERVICE CHARTER
SEPTEMBER 2023

The Medical Director
Dr. Corrado Furlan



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DEL LIDO

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1 LOCATION AND PRESENTATION

1.1 LOCATION OF THE STUDIO

The 'Del Lido' dental practice is located in Rome at Corso Duca di Genova, no. 26 and is easily attainable:

- By Car
 - Rome - Fiumicino motorway;
 - Via del Mare and the parallel Via Ostense;
 - Via Cristoforo Colombo.
- By Train
 - Roma-Lido line, from Roma Porta San Paolo to Lido Centro station;
- On foot (8 minutes) from Lido Centro station
- By bus
 - Bus no. 01 and no. 05/ from Lido Centro station

1.2 PRESENTATION AND HISTORY OF THE FIRM

The Lido Dental Practice - currently directed by Dr. Corrado FURLAN, a medical surgeon specialising in dentistry and dental prosthetics - has been operating in the territory of the XIII Municipality for a long time, first as an individual practice, located at Viale della Pineta no. 3, initially managed by Dr. Ezio MELCHIORRI, a great master of profession and life, and subsequently by Dr. Corrado FURLAN, who took it over in 1967.

Why did the latter choose Ostia as the operational area of his professional activity and not Rome, his city of residence? The answer is simple. Dr. FURLAN and his wife, Gioia Marina PASQUINELLI - both sons of Naval Officers - felt the implementation of 'MARE' was irresistible.

Over time, the situation has evolved greatly. Already affiliated with the most important Mutual Insurance Funds of the time (people of the air, artisans' mutual fund, traders' mutual fund, maritime fund, etc.), in 1984 the practice was transformed from a sole proprietorship into a Limited Liability Company, with the name 'Studio Odontoiatrico del Lido', legally represented by the Sole Administrator, Gioia Marina PASQUINELLI, and by Dr. Corrado FURLAN as the Medical Director in charge.

The change, from natural person to legal person, was brought about by the intention of the interested parties to ensure continuity in time, also 'AFTER US', as the FURLAN - PASQUINELLI spouses state, i.e. for the benefit - after them - of their only son Piero who is 100% disabled.

The recent modernisation, adapted to scientific and technological advances, which was also economically very costly, has enabled the firm to excel in its vast area, also due to the introduction of highly qualified young professionals in its specialised activities.

In view of its qualities of excellence, corresponding to the requirements for operating within the public health service, the firm has been integrated into the territorial organisation of the A.S.L. RMD, by means of a formal agreement stipulated with the Lazio Region.

1.3 INSTITUTIONAL PURPOSES OF THE ACTIVITY

The facility performs exclusively medical and outpatient activities, through the provision of services for the specialist branch of Dentistry and Dental Prosthetics.

Services can be provided privately and at the rates and conditions of the National Health Service.



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1.4 FUNDAMENTAL PRINCIPLES

The fundamental principles inspiring the structure are based on equality of Citizens/Users, respect for the dignity of the Patient, impartiality of treatment and continuity of services.

2 INFORMATION ON STAFF AND SERVICES

2.1 2.1 THE STAFF

RESPONSIBLE ADMINISTRATOR

MS GIOIA MARINA PASQUINELLI

THE MEDICAL STAFF	DR. CORRADO FURLAN MEDICAL DIRECTOR DEGREE IN MEDICINE AND SURGERY SPECIALIST IN DENTISTRY AND DENTAL PROSTHETICS
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FRONT DESK CLERK	MS MAYURY PALOMINO PERDOMO
TRAINEE CHAIRSIDE ASSISTANT	MS ESTER MARIA CIMMINO

OPERATIONAL STAFF

ORTHODONTICS	MR. TOZZI MARIO
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LABOUR CONSULTANT AND ACCOUNTANT

STUDIO MISURACA VETRANO

HEAD OF THE PREVENTION AND PROTECTION SERVICE	RESPONSIBLE FOR EVALUATIONS OF RADIATION AND CONTAMINATIONS RADIOACTIVE	RESPONSIBLE CONTROL OF QUALITY OF EQUIPMENT RADIOGRAPHERS	COMPETENT DOCTOR
Dr. Claudio Rivelli	Enrico D'aurizio	Health physicist Enrico D'aurizio	Dr Giuseppe Guido



2.2 DENTAL CLINIC SERVICES

All interventions/performances are performed, concerning treatment (construction and reconstruction), prosthetic applications, as well as orthodontic treatments.

Attached are details of all the operations/performances that can be performed at the Facility, with an indication of the rates charged both under the private and Accreditation schemes according to the rates set out in the Regional Tariff Nomenclature currently in force.

2.3 BOOKING AND ACCESS PROCEDURES FOR OUTPATIENT SPECIALISATION

2.3.1 PUBLIC OPENING HOURS

The outpatient clinic is open to the public on the following days:

Monday - Friday

from **10 a.m. - 1 p.m.** and **4 p.m. - 7 p.m.**

During these hours, the various services are performed and reservations are accepted.

2.3.2 BOOKING AND ACCEPTANCE

Reservations for services can be made by telephone or by appearing in person during opening days and hours.

Tel. **065672820** Fax : **0656337657**

In addition, the website <http://studioodontoiatricodellido.it> and e-mail are operational:

studiodontoiatricodellido@pec.it

2.3.3 INFORMATION ON SERVICES AFFILIATED WITH THE NATIONAL HEALTH SERVICE

1. The contracted patient can book the appointment by going directly to the practice and handing in the referral.
2. The prescription is valid from whichever city the patient comes from.
3. The non-exempt patient will pay the corresponding co-payment of 20.66 euro for the first visit up to a maximum of 36.15 euro for further treatment.
4. With a referral and a co-payment of EUR 36.15, the patient can perform up to eight (8) services;
5. At the end of the eight services, the patient who needs to continue treatment must produce a new referral and pay the co-pay fee again.
6. In cases where the patient does not show up for the appointment without giving notice, the appointment will automatically be cancelled.
7. With regard to convention bookings, due to the large number of patients, the practice is not able to schedule appointments in a short period of time. In order to overcome this problem as much as possible, a waiting list is set up, which takes into account the most urgent cases. It is the secretary's duty to phone all patients who have scheduled appointments a few days in advance and ask for confirmation, and if this is not given, to call the first patient on the waiting list.
8. Patients should be aware that Studio Odontoiatrico Del Lido S.r.l. is not a public facility and that it has only one operator (Dr. Corrado Furlan, sometimes replaced by Dr. Marco Esposito and Dr. Cinzia Salvatori).
9. First aid service is provided.
10. The practice works to a maximum number of appointments per day, beyond which it is unable to go, also in respect of an adequate level of service quality and compliance with hygiene and sterilisation regulations. Furthermore, in order to provide the service to more people in a relatively short time, each patient is given one appointment at a time.



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11. If the patient undergoing treatment presents problems as a result of the therapy he or she has undergone, he or she will be re-examined within a very short period of time.
12. The secretary is responsible for clearly explaining to the patient which services are not covered by the agreement.

The booking and check-in service will be available on all weekdays from 10 a.m. to 1 p.m. and 4 PM to 7 PM.

For services to be provided by the National Health Service, a prescription on a special form drawn up by the general practitioner is required.

2.3.4 ACCESS TO THE OUTPATIENT FACILITY.

Access to the facility is indicated by plaques displayed outside the gallery and beside the entrance door.

Handicapped persons may enter directly with a wheelchair.

2.3.5 ACCESS TO CLINICAL DOCUMENTATION

The dental clinic is committed to providing efficient and transparent service to its patients. In order to ensure timely access to clinical documentation, the clinic pledges to provide access to the medical records within a maximum period of 4/5 working days from the request, made through the completion of a specific form. The priority is to maintain the confidentiality and integrity of patient health information while offering a swift and dedicated service.

2.4 PAYMENT OF BENEFITS AND PAYMENT OF INDIVIDUAL CO-PAYMENTS.

In the private sector, fees are levied against issuance of an appropriate receipt. The prices charged are indicated in the annex. Under the Accreditation system, the rates charged will be those set out in the current Regional Tariff Nomenclature: the citizen-user will pay the co-payment envisaged by the national provisions, valid for all healthcare facilities operating for the National Health Service, both public and private. The fees to be paid by the citizen-user will be collected on the day the service is provided or at the start of treatment, against issue of an appropriate receipt. A security deposit will be required for users who use the National Health Service and who present themselves without a prescription.



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LIST OF ACCREDITED ODONTOIATRIC SERVICES

- DENTAL EXAMINATION
- ENDORAL RADIOGRAPHY
- TARTAR ABLATION
- TREATMENT OF STOMATITIS, GINGIVITIS, ALVEOLITIS
- GROOVE AND DIMPLE SEALING
- REMOVAL OF FIXED DENTAL PROSTHESIS
- DECIDUOUS TOOTH EXTRACTION
- PERMANENT TOOTH EXTRACTION
- RESIDUAL ROOT EXTRACTION
- OTHER SURGICAL TOOTH EXTRACTION
- TOOTH RECONSTRUCTION BY MEANS OF A SINGLE- OR DOUBLE-SURFACE FILLING
- TOOTH REDUCTION BY THREE-SURFACE FILLING
- ROOT CANAL THERAPY (DEVITALISATION) IN SINGLE-RIDGED TEETH
ROOT CANAL THERAPY (DEVITALISATION) IN MULTI-RIDGED TEETH

IN ANY CASE, IT WILL BE NECESSARY TO CONTACT THE FACILITY TO VERIFY ACCREDITED DENTAL SERVICES.

N.B. ANY ANAESTHESIA USED FOR DENTAL TREATMENT AND ANY POST-EXTRACTION STITCHES ARE NOT INCLUDED IN THE SERVICES COVERED BY THE AGREEMENT. PROSTHETIC, IMPLANT AND ORTHODONTIC SERVICES ARE ONLY PROVIDED IN PUBLIC FACILITIES.

2.5 WAITING TIMES

The waiting time between the booking request and the execution of the service will not exceed:

- Dental surgery (20 days).
- Other dental procedures (20 days)
- Conservative dentistry (15 days)
- Prosthetic dentistry (15 days)

Of course, emergencies are carried out on the same day.



3 QUALITY STANDARDS: COMMITMENTS AND PROGRAMMES

3.1 3.1 QUALITY OF INSTRUMENTATION.

An inventory of equipment is present.

All the equipment in use is of excellent quality and has CE marking.

3.2 MAINTAINING INSTRUMENTATION QUALITY STANDARDS

Maintaining the quality standards of the instrumentation is ensured by adopting a programme of maintenance, control and verification of the equipment and instrumentation in use.

3.3 QUALITY OF PERFORMANCE AND SERVICES

It is ensured by the high professionalism and personal 'curricula' of the doctors and health workers working in the facility and by the training and refresher programmes of all the facility's staff.

4 PROTECTION AND VERIFICATION MECHANISMS

4.1 COMPLAINTS

It is ensured that the citizen-user can lodge a complaint with the Health Directorate for any kind of grievance.

Complaints can be made verbally, directly by asking the reception staff for a meeting with the manager or by filling in a special form ('Complaints Form'), which can be found on the next page.

The meeting will take place immediately, subject to the Manager's ongoing activity.

The complaint may also be submitted in writing, not anonymously, by handing in the complaint to the acceptance.

Once the necessary investigations have been carried out, the person in charge will provide the user with all necessary explanations and indications regarding possible measures.

4.2 VERIFICATION QUESTIONNAIRES

A citizen-user satisfaction/ dissatisfaction monitoring programme is established, through the periodic distribution of a verification questionnaire ('Customer Satisfaction Questionnaire'), attached below.

The data, collected and analysed, will be used to provide guidance to management on the continuous improvement of services.

Annex 1

LIST OF EQUIPMENT FOR DENTISTRY, DENTAL PROSTHETICS ACTIVITIES

Radiographic Owandy – Elios AC: Performs high-quality intraoral radiographs, thanks to reduced exposure times and the small size of the focal spot.

Steam sterilizers Millennium B: Mocom's revolutionary proposal in the field of small type B steam sterilizers, an ideal reference point in terms of safety, performance, and flexibility.

LED lamp for whitening BL 12: Dedicated to the whitening treatment of teeth using whitening gel applied in dental applications (hydrogen peroxide or carbamide peroxide).

Dental units Eurodent Absolute - Absolute. / Dental units Eurodent Isorama – Absolute: The instruments are equipped with an anti-retraction valve to avoid risks of cross-contamination and automatic spray of air and/or water upon pedal release, to purge any residues in the duct and facilitate the control of the work carried out. Additionally, the controls are protected to minimize contact with fingers and operating parts.

Composite lamp Monitex – Blue Luxcer M855

Resuscitation kit:

- Emergency trolley with all the equipment defined by the reference regulations;
- Cardiac defibrillator (I-PAD)

Finger Pulse Oximeter: This portable pulse oximeter is a battery-powered pulse oximeter that also displays heart rate. It measures the level of oxygen saturation in the blood.

Blood Pressure Monitor

Blood Glucose Monitor

Biological incubator with dual temperature control - see test.

X-RAY FILM BOX Developer Sikura Minidark: Manual developer for intraoral radiographs.

Hot sealant faro Sealcut.

General equipment:

- Durr Dental air compressor.
- Nr. 2 Durr Dental aspirators

Dental chair - Coral

Dental chair Stern Weber S1200

Millennium B+ Autoclave

Surgical Aspirator GIMA



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Annex 2

LIST OF SERVICES RENDERED

Oral surgery: We deal with tooth extractions (*), root debris (*), root removal (*), teeth included or semi-included in the bone, tooth apex abscessation with retrograde and anterograde technique, cysts and small neoforations of the cavo-oral (epulides, odontomas, lipomas. . .).

Conservative: Caries treatment (*) is carried out, with cavity fillings (*).

Endodontics: Root canal treatment is performed in teeth where the cards have affected the nerve (*). Treated teeth are reconstructed with pins.

Prosthetics-implant prosthetics: We perform fixed prosthetics (bridges, porcelain alloy and gold crowns, zirconium), removable prosthetics (partial or total), skeletons, implant prosthetics.

Aesthetics: We perform tooth whitening, ceramic veneers, white composite fillings, all-ceramic crowns, zirconium crowns, porcelain inlays.

Oral hygiene: We perform oral cavity cleaning, tartar ablation, root polishing (removal of subgingival tartar at the level of periodontal pockets), polishing (polishing of tooth surfaces using prophylaxis paste).

RX: We perform full endoral

(*) accredited services



Annex 3

FEE SCHEDULE FOR PRIVATE SERVICES

General performance

Visit	€ 50,00
Examination + Endoral X-ray	€ 60,00
Examination + Medication or root canal opening -i- Rx	€ 100,00

General performance

Extractive surgery	€ 40,00
Deciduous tooth extraction	€ 50,00
Simple extraction Complex extraction	€ 150,00
Semi-closed tooth extraction	€ 150,00 / 250,00
Tooth extraction included	€ 250,00 / 500,00

Conservative

Deciduous teeth filling	€ 50,00
Simple single-surface amalgam filling of premolars and molars	€ 100,00
Simple premolar and molar 1-surface composite filling	€ 130,00
Complex premolar and molar two-surface amalgam filling	€ 150,00
Complex premolar and molar two-surface composite filling	€ 180,00
Complex premolar and molar three-surface amalgam filling	€ 200,00
Complex premolar and molar three-surface composite filling	€ 250,00
Simple anterior tooth filling (fifth class)	€ 130,00
Complex anterior tooth filling (third class)	€ 200,00
Complex anterior tooth filling (4th class)	€ 250,00/300,00



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Direct splitting of 2 to 6 teeth	€ 150,00/500,00
Selective grinding (per session)	€ 80,00/100,00
Single-canal tooth root canal treatment (without external filling)	€ 250,00
Devitrification/ root canal treatment two-canal tooth (without external filling)	€ 300,00
Devitrification/ root canal treatment multi-canal tooth (without external filling)	€ 350,00
Direct capping	€ 80,00
Reconstruction with endocanal titanium/fibre posts	€ 300,00/380,00
Internal bleaching	€ 100,00
Hygiene	
Detartrase (per session)	€ 70,00
Dethartraxis + Profiget treatment (per session)	€ 120,00
Sanding and couettage (per session)	€ 120,00
Fluoroprophyllaxis (per session)	€ 50,00
Sealing	€ 50,00
Fixed Prosthetics	
Diagnostic waxing	€ 150,00/300,00
Temporary 1-sided (cold)	€ 50,00
Temporary multi-layer (hot)	€ 75,00
Armed provisional	€ 100,00
Cast alloy crown	€ 500,00
Cast alloy crown	€ 600,00
Telescopic gold crown	€ 450,00
Ceramic crown/alloy	€ 700,00
Ceramic / gold crown	€ 800,00



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All-ceramic crown	€ 900,00
Ceramic zirconium crown	€ 1500,00
Coxona composite	€ 500,00
Resin jacket crown	€ 400,00
Resin and alloy crown	€ 550,00
Resin and gold crown	€ 600,00
Ceramic veneer	€ 750,00
Composite inlay	€ 500,00
Ceramic inlay	€ 600,00
Palladium abutment pin	€ 450,00
Pemonconeinoro	€ 500,00
Indirect splinting of 6 teeth	€ 1250,00
Fixed prosthetics on implants	
Radiological / surgical template	€ 150,00/300,00
Temporary + Temporary Titanium Abutment	€ 50,00
Ceramic and alloy crown	€ 75,00
Coxona ceramic and gold	€ 100,00
Ceramic and zirconium crown	
Preformed abutment	€ 500,00
Indirect abutment	€ 600,00
Mobile prosthetics	
Temporary partial denture base	€ 100,00
Each element and each hook of the provisional partial denture	€ 100,00
Resin total dentures	€ 2000,00
Bioplast dentures without clasps and with teeth	€ 2000,00



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Basic partial denture	€ 400,00
Each element and each hook of the partial denture	€ 130,00
Skeletonised base (including cast hooks)	€ 1500,00
Each element of the skeleton	€ 100,00
Roach bridge (2 teeth and 2 hooks)	€ 800,00
Soft/semi-rigid byte	€ 280,00/350,00
Direct rebasing	€ 150,00/180,00
Indirect rebasing	€ 400,00
Repair in the workshop	€ 100,00
Addition of 1 tooth or 1 hook on resin prosthesis	€ 100,00
Addition of 1 tooth on skeleton (with pitch and solder)	€ 250,00
Attacks	€ 400,00/500,00
Implant ball attachments (for overdenture)	€ 400,00/500,00
Dolder bar or other type (for overdenture)	€ 800,00/1500,00



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Complete professional hygiene treatment:

- subgingival scaling sessions, teaching of hygiene, measurement of starting grooves
- treatment
- 2-3 sanding sessions and measurement of grooves at the end of treatment first follow-up visit (after about a month)
- second follow-up visit (after three months)

quote: € 450.00-€ 500.00

- **n.b:** if the treatment requires further sessions, the estimate will increase.

Bleaching (complete treatment):

- first session: preliminary treatment: scaling, desensitisation, colour taking, impressions for masks (not always)
- second session: delivery of masks
- third home phase: 7 days (for a few hours a day) of masks with highly concentrated gel.
- fourth session: check of the new colour and if satisfied, end of treatment;

estimate: € 500.00-€ 600.00

n.b: In some complex cases or in particularly demanding patients, treatment can be continued and an additional home phase can be carried out;

quotation: € 700-€ 800-€ 1000

n.b: in order to maintain the colour, it is necessary for the patient to carry out occasional home treatment by buying the product from us at a cost of approx. **€ 90.00 - € 100.00**. There are cases where a full home treatment every 3 months or a partial home treatment every month is necessary. There are cases that maintain the colour for more than a year.

Home bleaching:

- First session: pre-treatment: scaling, desensitisation, colour taking, impressions for masks (not always) or teaching product placement with the preformed mask and product delivery.
- Second session: delivery of the templates and the product, or just to check the colour obtained if a product with preformed templates was used.
- Third session: only for checking the colour in case a product with masks made by us was used.

quote: € 200.00-€ 280.00

n.b: in order to maintain the colour, it is necessary for the patient to carry out occasional home treatment by buying the product from us at a cost of approx. **€ 90.00 - € 100.00**. There are cases where a full home treatment every 3 months or a partial home treatment every month is necessary. There are cases that maintain the colour for more than a year.



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**QUESTIONNAIRE
CUSTOMER SATISFACTION**

EXPRESS THE EVALUATION ACCORDING TO A CRITERION RANGING FROM 1 TO 5 ON THE BASIS OF THE FOLLOWING COEFFICIENTS:

1. INSUFFICIENT
2. SUFFICIENT
3. GOOD
4. EXCELLENT
5. EXCELLENT



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QUESTIONNAIRE
CUSTOMER SATISFACTION

Dear Madam, Sir

Please tick the box of your choice in response to the following questions

A. How do you rate the reception

1	2	3	4	5
---	---	---	---	---

B. How do you rate the availability of the telephone operator?

1	2	3	4	5
---	---	---	---	---

C. How do you rate in the waiting room?

- Information	1	2	3	4	5
- Newspapers	1	2	3	4	5
- Television programmes	1	2	3	4	5
- Music	1	2	3	4	5

She prefers

- Classical Music	
- Jazz music	
- Country/Western music	
- Light Music	

D. How do you assess the temperature (hot - cold) of the rooms?

1	2	3	4	5
---	---	---	---	---

E. How do you evaluate appointment times?

1	2	3	4	5
---	---	---	---	---

F. How do you rate reception desk with respect to:

- Hygiene	1	2	3	4	5
- Kindness	1	2	3	4	5
- Preparation	1	2	3	4	5
- Availability	1	2	3	4	5



G. How he thinks they are received and cared for:

- Children	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
- The elderly	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
- The disabled	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

H. How do you think the state of the clean patient bathroom is?

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

Equipped with toilet paper, napkins, cups, soap:

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

I. Are you aware that this practice has a dentist-paradontologist (implants)

<input type="text" value="SI"/>	<input type="text" value="NO"/>
---------------------------------	---------------------------------

J. Are you aware that this practice has a dentist-orthodontist (correction of mouth anomalies)?

<input type="text" value="SI"/>	<input type="text" value="NO"/>
---------------------------------	---------------------------------

K. Are you aware that there is a doctor in this practice who is an expert in natural medicine?

<input type="text" value="SI"/>	<input type="text" value="NO"/>
---------------------------------	---------------------------------

L. Are you aware that professional teeth whitening is performed in this practice?

<input type="text" value="SI"/>	<input type="text" value="NO"/>
---------------------------------	---------------------------------

M. Are you aware that aesthetic smile reconstruction is performed in this practice?

<input type="text" value="SI"/>	<input type="text" value="NO"/>
---------------------------------	---------------------------------

N. How do you assess the team spirit of the whole team?

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------



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**QUESTIONNAIRE
CUSTOMER SATISFACTION**

We would be grateful if you would give us:

an overall judgement

and any advice

Thanks for cooperation
Studio Odontoiatrico del Lido S.r.l.

Rome, _____

**Consent to treatment
Of personal data Legislative Decree 196/03**

Legislative Decree 196/03 on the protection of personal data provides that the patient, having received the information referred to in Article 13 of the same Decree, must express his or her consent to the processing of sensitive data. Consent may be limited to only part A), which is obligatory and indispensable for obtaining the requested service, or it may also include all or some points of part B), which is optional but very useful for simplifying or speeding up certain accessory operations.

➤ **A) "Compulsory" part (for the provision of the benefit).**

I, the undersigned (name and surname of the person concerned) _____

Place and date of birth _____

- having received the information referred to in Article 13 of Legislative Decree 196/2003 and in particular those concerning the rights of the person concerned to the processing of personal data;
- acknowledged that consent to the processing of personal data is necessary for the regular provision of the requested healthcare service;
- taking into account that the Garante per la Privacy has authorised all healthcare facilities to process personal data for purposes related to their activities.
- Considering also that there was no telematic notification, the 'studio Odontoiatrico del Lido s.r.l.' notified the Garante of the type and purpose of the contract.
- Given all the security measures (organisational, managerial, structural and infrastructural) necessary to guarantee the privacy of their patients/customers;

freely expresses his full and unconditional consent to the processing of his personal data and in particular those falling within the category of 'sensitive' data

➤ **B) Optional part**

Acknowledging that the availability of one's own telephone number or e-mail address is not strictly necessary for the provision of the service but can be very useful to speed up or simplify the procedures for confirming the booking, providing the service, delivery/collection of the report (or even to facilitate patient follow-up operations), I expressly consent to the following accessory and/or occasional operations

1. Processing of one's telephone contact details and use of telephone communications for confirmation of appointments, cancellation, transfers, acquisition or communication of further information regarding the service requested or compliance with preparation for certain types of examinations and/or tests;

I agree (signature) _____ I do not agree (signature) _____

2. Possibility of leaving messages on the automatic answering machine of one's fixed or mobile telephone number for the operations and purposes mentioned in point 1;

I agree (signature) _____ I do not agree (signature) _____

3. Possibility of leaving messages with persons (e.g. family members, cohabitants, service staff, colleagues, etc.) who answer the telephone numbers indicated, for the operations and purposes mentioned in point 1 only;

I agree (signature) _____ I do not agree (signature) _____

4. Sending SMS to your own telephone number (fixed or mobile) for the operations mentioned in point 1;

I agree (signature) _____ I do not agree (signature) _____

In the event that the person concerned cannot give consent due to physical impossibility, incapacity to act or incapacity to understand, consent shall be given by the person legally exercising parental authority or by a close relative, a family member, a cohabiting partner or, in their absence, by the person in charge of the facility where the person concerned is staying (Art. 24, Legislative Decree 196/2003).

Date _____ / _____

Signature of parent, spouse



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or any other legitimate guardian _____



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**MEDICAL HISTORY SHEET
FOR DENTAL PROCEDURES**

Are you currently in good health?	SI	NO
Have you had any serious illnesses or operations in the past? If yes which: _____	SI	NO
Did you have any problems during anaesthesia?	SI	NO
Are you currently undergoing medical treatment? If yes which: _____	SI	NO
Do you habitually take drugs? If yes which: _____	SI	NO
Do you take oral contraceptives?	SI	NO
Are you pregnant?	SI	NO
Smoke?	SI	NO
Do you drink alcohol habitually?	SI	NO
Had or has:		
Heart diseases SI NO High pressure blood SI NO Renal diseases	SI	NO
Diabetes SI NO Viral hepatitis SI NO Other liver diseases	SI	NO
Thyroid diseases SI NO Stomach diseases SI NO Digestive tract diseases	SI	NO
Lung diseases SI NO Venereal diseases SI NO Blood diseases, haemorrhages	SI	NO
Nervous, depressive or psychic illnesses	SI	NO
Allergies If yes which: _____	SI	NO
Other diseases not previously listed If yes which: _____	SI	NO

I hereby declare that I have been informed of the treatments to which I shall be subjected and that I am aware of the risks and complications that may arise from and be connected with such treatment, since the techniques are safe, extensively tested and widely practised in the dental profession: however, such practices, as is the case with all medical disciplines, are not without a certain risk even if carried out with skill, prudence and diligence.

- I therefore give my consent to the therapy that has been explained to me.
- The remuneration for the doctor's work and for the materials required can be agreed in advance by requesting an estimate.
- In the absence of the quote I declare that I accept the firm's rates.

Healthcare worker:	D.
Name and Surname Patient	
Date	Patient



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COMPLAINTS FORM

Dear Studio odontoiatrico Del lido S.r.l.

Subject: Complaint about services received by the firm.

il/la sottoscritto/a _____

residente a _____

tel. _____ e-mail: _____

hereby intends to claim _____

Received at your office on the occasion of _____

_____ since: _____

Roma, _____