Dental damage under basic insurance (KVG)

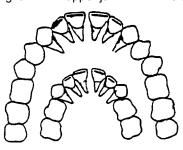
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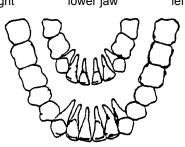
Findings/Cost estimate

	Agency/number	Client number							
	Dentist	Insured perso	on's address	Mr. Ms.					
		Street, house numb	ber	Postcode/town					
		Paying agent numb	er						
1	Dental chart at the time of reporting	18 17 16 15 14 13 12	11 21 22 23 24 25 26 27 2	3 55 54 53 52 51 61 62 63 64 65					
	(cross out missing teeth)	48 47 46 45 44 43 42 4	41 31 32 33 34 35 36 37 3	8 85 84 83 82 81 71 72 73 74 75					
2	Accident								
	Date of accident		Date of examination						
	Circumstances of accident								
3	Accident-related findings								
3.1	Total luxation (lost)								
3.2	Luxation (displaced)								
3.3	Subluxation (loosened)								
3.4	Contusion (bruised)								
3.5	Crown fracture without pulp exposure								
3.6	Crown fracture with pulp exposure								
3.7	Root fracture								
3.8	Jaw bone or soft tissue								
3.9	Damaged dentures/damaged orthodontic appl	iances (exact details of the natu	ire of the work or the appliance and	extent of damage)					
	· · · /////								
Bas KLV A	ic insurance (KVG) Diagnosis:	para.	letter						
				Doctor's report: Yes No					
4	Record of findings for accident	e and illnesses under	r basic insurance (KVG)						
	-								
4.1	Missing teeth, not replaced	Yes No							
4.2	Defective teeth, untreated	Yes No							
4.3	Filled teeth	Yes No							
4.4	Periodontally compromised teeth	Yes No							
4.5	5 Crowns, bridges, dentures, orthodontic appliances (nature and extent of replacement, or appliance, exact description).								
	L			Please turn over					

5 Immediate measures

5.1 Diagnostic measures with indication of findings (x-ray, vitality, mobility including adjacent teeth and antagonists) 5.2 Therapeutic measures 6 Proposals for intermediate treatment – probable next steps Observation required for at least years. Orthodontic treatment necessitated by accident or made more difficult. Referral to an SSO specialist in orthodontics Definitive treatment can probably only be planned after an observation period of 7 Proposals for definitive treatment (if possible at time of this report) 8 Tooth replacement chart (to be completed by dentist) right upper jaw left right lower jaw left





9 Cost estimate (mark numbers for emergency treatment already carried out with an asterisk *)

Tooth no.	Tariff number	Type of treatment	Tariff points	Tooth no. Tariff Type of treatment number			Tariff points			
				Carried over						
				Total Tariff points			Il Tariff points			
				x value of Tariff points CHF = CHF			CHF			
					Plus laboratory costs					
Place/date Dentist's signature										

Unless notice to the contrary is received within 10 working days, the cost estimate is deemed to have been approved. Any x-rays are to be enclosed with this form on request (including name, date and number of teeth).