Aevitae
P.O. Box 2705
6401 DE Heerlen

To be completed by Aevitae

Dentist's advice ○ allow ○ reject

Reason for rejection

Date of examination

Date/initials

Permission no.

Permission granted by

Application for Dental Implants

1 Insured person (patient)

A Policy number: __ __ __ __ __ __ __ __ __ __ __ __ __

Surname and initials:

Street name / house number:

Postal code / town/city: __ __ __ __ __ __

Phone number Work: Private:

Date of birth: __ __ - __ __ - __ __ __ __ Gender: ○ Male ○ Female

B Dentist's name:

The insured person was referred by:

2 Undertaking of insured person or legal representative

Declaration: I declare that I have been informed about the advantages and disadvantages of the proposed treatment and I consent to the application and the legal personal contribution associated with it. I also declare that I will conscientiously follow the instructions of the practitioner(s), in the interests of the treatment and aftercare.

Date: __ __ - __ __ - __ __ __ __ Signature of the policyholder:

Please have the dentist/dental surgeon treating you complete this form further. Also ask him/her to enclose the X-ray information available and a full cost estimate. Send in the fully completed and signed form with the enclosures.
Don't forget to apply a stamp!

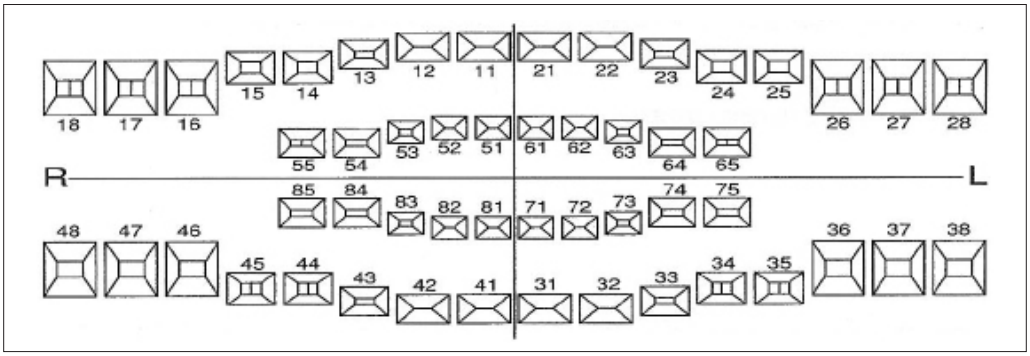
To be completed by the treating dentist/dental surgeon

A Based on the medical dental case history, is the patient suitable to undergo oral implantology? ○ Yes ○ No

Will special measures have to be taken to allow the patient to undergo the intervention? ○ No ○ Yes, namely:

B Edentate upper jaw: ○ Yes ○ No. ring the natural elements below

Edentate lower jaw: ○ Yes ○ No. ring the natural elements below



Number of years edentate: Upper jaw year | Lower jaw year

Number of dentures made previously: Upper jaw | Lower jaw

Last denture: year

What did the latest treatments to solve the prosthetic problem consist of:

C What are the primary reasons for implantation?:

D What is the jaw height on the orthopantomogram, corrected for magnification factor: mm

Cawood jaw classification (II to VIII):

Pre-implantological surgery indicated? ○ Yes ○ No

If yes, what does the surgery comprise?

E Number of implants planned: Upper jaw | Lower jaw

Implant system:

Anchorage method: ○ Post-housing ○ Button/magnet ○ Other, namely:

Who will place the implants: ○ Dental surgeon ○ Spec. Dentistry Centre ○ General practitioner

Practitioner's name:

Who will place the superstructure: ○ Spec. Dentistry Centre ○ General practitioner

Dentist's name:

Who will give the necessary aftercare:

F Patient's motivation: ○ Good ○ Moderate ○ Poor

Patient's oral hygiene: ○ Good ○ Moderate ○ Poor

G Particulars/explanation:

Signature of treating dentist/dental surgeon

Date __ __ - __ __ - __ __ __ __ Signature and name stamp

Have you enclosed the available X-ray information as well as a complete cost estimate?