

Application for Special Dental Care

1 Insured person (patient)

Policy number:

Surname and initial(s): _____

Street name / house number: _____

Postal code / town/city: _____

Who referred the insured person to the centre? Dentist

Dental surgeon

Orthodontist

2 Treating Dentist

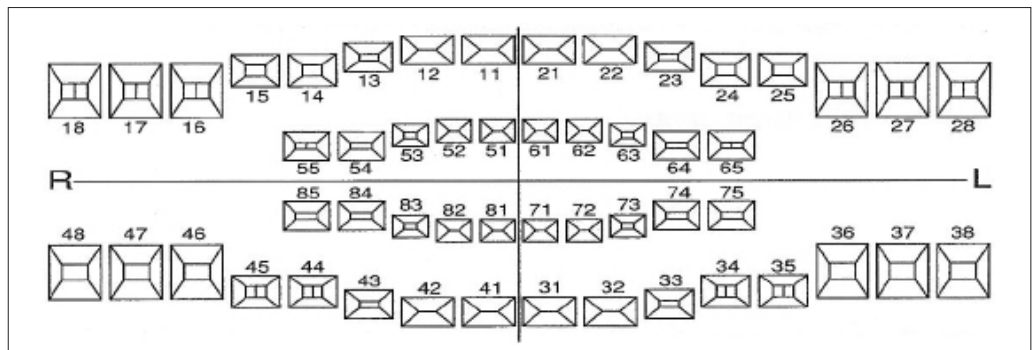
Name: _____

Town/city: _____

Attached to the centre: _____

Phone number of centre: _____

3 Initial status



Notes: _____

YOU ARE REQUESTED TO COMPLETE THE DENTAL CHART AS FOLLOWS:

Cavities

by means of a circle on the area affected

Restorations

by shading in the areas concerned

Missing elements

with a horizontal line through the element concerned

Cast restorations

indicatie individually by outlining the ares

Plate denture

indicate the elements replaced with a P

Frame denture

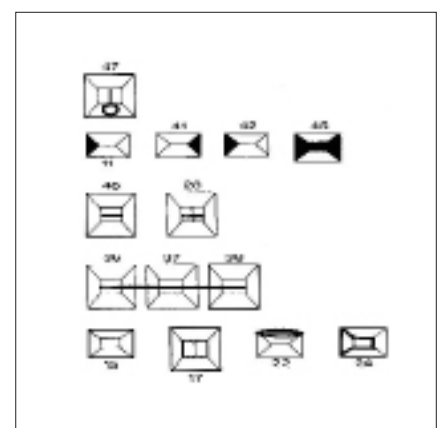
indicate the elements replaced with an F

Full denture

indicate separately under the dental chart

Endodontically treated elements

indicate with a line through the number concerned



4 Information about the dental abnormality

- A The abnormality consists of Multiple agenesis Cheilo- and/or gnatho- and/or palatoschisis
 Craniomandibular dysfunction Oro-maxillofacial defect
 Dento-alveolar defect

Where is the abnormality located:

- B Only to be completed in case of craniomandibular dysfunction

What therapy has been implemented so far:

By whom?

With what result?

5 Treatment Plan

Treatment Plan:

Is jaw orthopaedics pre- or post-treatment necessary? Yes No

Is dental surgical treatment necessary? Yes No

For what part of the treatment plan stated above is treatment in the centre indicated?

6 Budget

Estimated number of treatment hours: _____ X € = €

Estimated technical costs: _____ €

Total €

7 Signature of treating dentist

Date: __ __ - __ __ - __ __ __ __ Dentist's signature/name stamp: _____

8 Declaration by the insured person

I consent to the treatment proposed and give permission to dental advisor to collect further information.

Date: __ __ - __ __ - __ __ __ __ Your signature: _____

Please don't forget to enclose the X-rays. Will you also mark the envelope 'DO NOT PERFORATE/NIET PERFOREREN'.