

Dental damage under basic insurance (KVG)



Findings/Cost estimate

Agency/number Client number

Dentist

Insured person's address

Mr. Ms.
 First name Surname
 Street, house number Postcode/town
 Paying agent number

1 Dental chart

at the time of reporting (cross out missing teeth)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	55	54	53	52	51	61	62	63	64	65
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	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)	<input type="text"/>	<input type="text"/>
3.2	Luxation (displaced)	<input type="text"/>	<input type="text"/>
3.3	Subluxation (loosened)	<input type="text"/>	<input type="text"/>
3.4	Contusion (bruised)	<input type="text"/>	<input type="text"/>
3.5	Crown fracture without pulp exposure	<input type="text"/>	<input type="text"/>
3.6	Crown fracture with pulp exposure	<input type="text"/>	<input type="text"/>
3.7	Root fracture	<input type="text"/>	<input type="text"/>
3.8	Jaw bone or soft tissue	<input type="text"/>	
3.9	Damaged dentures/damaged orthodontic appliances (exact details of the nature of the work or the appliance and extent of damage)	<input type="text"/>	

Basic insurance (KVG) Diagnosis:

KLV Art.: para. letter

Doctor's report: Yes No

4 Record of findings for accidents and illnesses under basic insurance (KVG)

4.1	Missing teeth, not replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.2	Defective teeth, untreated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.3	Filled teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.4	Periodontally compromised teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4.5	Crowns, bridges, dentures, orthodontic appliances (nature and extent of replacement, or appliance, exact description).				

5 Immediate measures

5.1 Diagnostic measures with indication of findings (x-ray, vitality, mobility including adjacent teeth and antagonists)

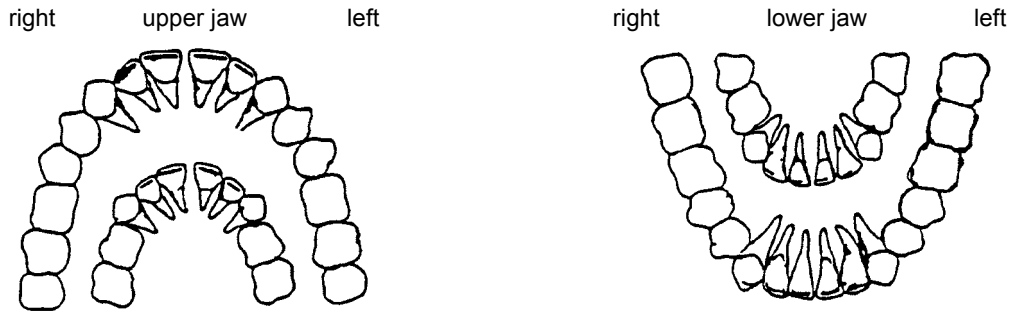
5.2 Therapeutic measures

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)



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 number	Type of treatment	Tariff points
				Carried over			
						Total Tariff points	
						x value of Tariff points 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).