

Dental damage as per the KVG – Findings/estimated cost

Surname Insurance provider's address
 First name
 Insurance no.
 Date of birth (day/month/year)
 Street/no. Phone
 Postcode/town
 Phone Administrator (Mr/Ms)
 Dentist

1. Dental chart

at the time of the report (cross out missing teeth)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black;">18</td><td style="border-right: 1px solid black;">17</td><td style="border-right: 1px solid black;">16</td><td style="border-right: 1px solid black;">15</td><td style="border-right: 1px solid black;">14</td><td style="border-right: 1px solid black;">13</td><td style="border-right: 1px solid black;">12</td><td style="border-right: 1px solid black;">11</td> <td style="border-right: 1px solid black;">21</td><td style="border-right: 1px solid black;">22</td><td style="border-right: 1px solid black;">23</td><td style="border-right: 1px solid black;">24</td><td style="border-right: 1px solid black;">25</td><td style="border-right: 1px solid black;">26</td><td style="border-right: 1px solid black;">27</td><td style="border-right: 1px solid black;">28</td> <td style="border-right: 1px solid black;">55</td><td style="border-right: 1px solid black;">54</td><td style="border-right: 1px solid black;">53</td><td style="border-right: 1px solid black;">52</td><td style="border-right: 1px solid black;">51</td> <td style="border-right: 1px solid black;">61</td><td style="border-right: 1px solid black;">62</td><td style="border-right: 1px solid black;">63</td><td style="border-right: 1px solid black;">64</td><td style="border-right: 1px solid black;">65</td> </tr> <tr> <td style="border-right: 1px solid black;">48</td><td style="border-right: 1px solid black;">47</td><td style="border-right: 1px solid black;">46</td><td style="border-right: 1px solid black;">45</td><td style="border-right: 1px solid black;">44</td><td style="border-right: 1px solid black;">43</td><td style="border-right: 1px solid black;">42</td><td style="border-right: 1px solid black;">41</td> <td style="border-right: 1px solid black;">31</td><td style="border-right: 1px solid black;">32</td><td style="border-right: 1px solid black;">33</td><td style="border-right: 1px solid black;">34</td><td style="border-right: 1px solid black;">35</td><td style="border-right: 1px solid black;">36</td><td style="border-right: 1px solid black;">37</td><td style="border-right: 1px solid black;">38</td> <td style="border-right: 1px solid black;">85</td><td style="border-right: 1px solid black;">84</td><td style="border-right: 1px solid black;">83</td><td style="border-right: 1px solid black;">82</td><td style="border-right: 1px solid black;">81</td> <td style="border-right: 1px solid black;">71</td><td style="border-right: 1px solid black;">72</td><td style="border-right: 1px solid black;">73</td><td style="border-right: 1px solid black;">74</td><td style="border-right: 1px solid black;">75</td> </tr> </table>	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		
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 diagnostic examination
 Accident description

3. Accidental damage

- 3.1 Fully luxated (lost)
- 3.2 Luxated (shifted)
- 3.3 Subluxated (loosened)
- 3.4 Concussed (damaged by impact)
- 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 dental prostheses/
 orthodontic appliances (precise
 information on type of work or
 appliance and extent of damage)

KVG
 Diagnosis

KLV-Art.: Letter Para. Medical report Yes No

4. Findings concerning accidents and illnesses in accordance with the KVG

4.1 Missing teeth that have not been replaced	Yes	No
4.2 Untreated, damaged teeth	Yes	No
4.3 Teeth with fillings	Yes	No
4.4 Teeth with periodontal damage	Yes	No
4.5 Crowns, bridges, prostheses, orthod. appliances (exact description of the type and scope of the replacement or appliance)		

5. Immediate measures

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

Therapeutic measures

6. Suggested interim treatment – expected further course

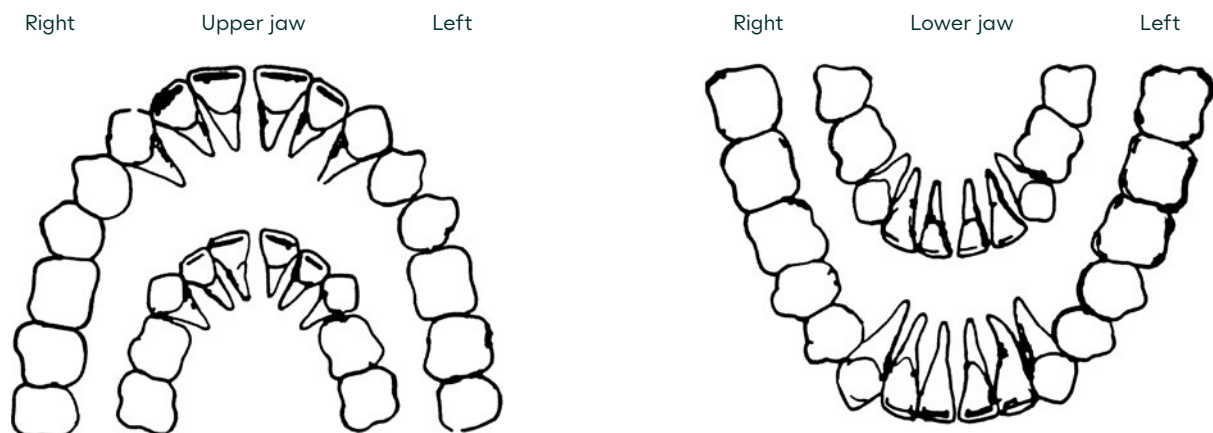
Observation necessary for at least years.

Orthodontic treatment necessitated or impeded by the accident. Right to consult SSO orthodontist reserved.

Definitive treatment can probably be planned only after an observation period of .

7. Suggested definitive treatment (if such an assessment can be made at the time of this report)

8. Replacement diagram (to be completed by the dentist)



9. Cost estimate (Please mark any amounts for treatment that has already been administered with an *.)

Tooth no.	Tariff code	Treatment type	Rate factor	Tooth no.	Tariff code	Treatment type	Rate factor
-----------	-------------	----------------	-------------	-----------	-------------	----------------	-------------

Carried over

Total rate factor
× rate factor, CHF = CHF
excluding laboratory expenses

Place/date

Dentist's signature

Unless we hear from you within ten working days, we will consider the cost estimate to have been approved.

Please also include any x-rays (with the name, date and the teeth numbers) with this form.