

# Dental damage in accordance with the basic insurance (KVG)

## Findings/Cost estimate



Agency/number  Client number

CSS Kranken-Versicherung AG  INTRAS Kranken-Versicherung AG  Arcosana AG

### Dentist

### Insured person's address

First name   
 Street, house number   
 Paying agent number

Mr.  Ms.  
 Surname   
 Postcode/town

### 1 Dental charting

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"/>
3.2 Luxation (displaced)	<input type="text"/>
3.3 Subluxation (loosened)	<input type="text"/>
3.4 Contusion (bruised)	<input type="text"/>
3.5 Crown fracture without pulp involvement	<input type="text"/>
3.6 Crown fracture with pulp involvement	<input type="text"/>
3.7 Root fracture	<input type="text"/>

3.8 Jaw bone or soft tissue

3.9 Damaged dentures/damaged orthodontic appliances (exact details of the nature of the work or the appliance and extent of damage)

Basic insurance (KVG) diagnosis:

KLV Art.:  para.  letter  Doctor's report:  Yes  No

### 4 Record of findings for accidents and illnesses in accordance with the basic insurance (KVG)

4.1 Missing teeth not replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4.2 Defective teeth, untreated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4.3 Filled teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4.4 Periodontally damaged teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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

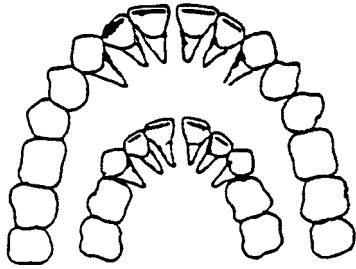
**6 Proposals for intermediate treatment – probable next steps**

- Observation required for at least  years.
- Orthodontic treatment necessitated by accident or made more difficult. Involvement of specialist in orthodontics (SSO) remains reserved.
- Definitive restoration can probably only be planned after an observation period of .

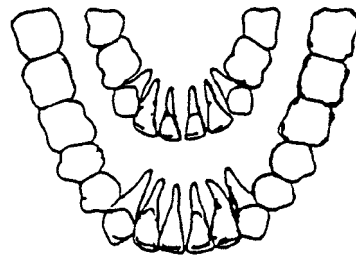
**7 Proposals for definitive restoration (if possible at time of this report)**

**8 Diagram of replacement (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	TARMED points	Tooth no.	Tariff number	Type of treatment	TARMED points
				Carried over			
						Total TARMED points	
				x value of TARMED points CHF		=	CHF
				Plus laboratory costs			

Place/date

Signature of dentist

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).