

Client dental questionnaire

Surname	
Firstname	
Date of Birth	

Receiving stamp:

Please answer these questions		Please describe details
1. Are dental measures (bridge, crowns, inlays, onlays, implants etc.) currently being performed or recommended? If yes, expected costs?	<input type="checkbox"/> yes <input type="checkbox"/> no	(if yes, please attach treatment/cost plan)
2. Is there a periodontitis? If yes, what treatment is planned?	<input type="checkbox"/> yes <input type="checkbox"/> no	(if yes, please attach treatment/cost plan)

Please fill in the dental chart by using the abbreviations below.

Dental chart																		
	right								left									
Treatment Date (mm/yy)																		Treatment Date (mm/yy)
Planned treatment																		Planned treatment
Existing																		Existing
upper	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	jaw	
lower	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	jaw	
Existing																	Existing	
Planned treatment																	Planned treatment	
Treatment Date (mm/yy)																	Treatment Date (mm/yy)	

Example:

The first front tooth on your upper left jaw has the number **21**, number 22 is the one further to **your left**. If you already have an existing crown on a tooth, a "c" needs to be entered in the row "**Existing**" in the box above or below the number of this tooth.

If an implant is planned, there must be an "I" in the row "**Planned treatment**" in the box for this tooth.

Abbreviations:

Currently existing:

m = missing tooth
 g = gap closure
 c = crown
 i = implant
 b = bridge
 in = inlay
 f = filling

Planned Treatment/Procedure:

I = Implant
 C = Crown
 T = Telescope crown
 M = Metal-ceramic crown
 B = Bridge
 S = Support element
 IN = Inlay
 ON = Onlay

<p>Dentist details (stamp): Name: Address: Tel: Fax: e-mail:</p>	<p>Signature / s: Insured Member / s : _____ Date: _____</p>
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