

## **DENTAL STATUS SCHEDULE**

		n, th type			_		orma s)	atio	n is <sub>l</sub>	orov	/ide	d fo	r:		ld.nι	mber _		
Not	ice: A	Any e	xpen	ses r	egar	ding	subn	nissic	n of	this	scher	ne is	a ma	atter	betw	een patient and dentist		
Na	Name:														Oc	Occupation:		
Ad	dres	s:													Jok	description:		
															E-r	ail:		
7ir	-cod	۵٠					1	City:							Pho	ne: Mobile:		
<b>2</b> 1P	Zip-code: City:													1110	inc.			
																Left-media and an		
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Information column  Missing Tooth (please mark)		
																Filling Please note each side (1-5)		
																Attachment loss Please note Pocher >=5		
																Onlay / Inlay and Crown. Please note (AU, MK, IM, HK)*		
																Rooted tooth (please mark)		
																Periaplical changes on rooted tooth		
																Tooth that need treatment/work done (please mark)		
																Excluded teeth (to be marked by MMA)		
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Information column		
																Missing Tooth (please mark)		
																Filling Please note each side (1-5)		
																Attachment loss Please note Pocher >=5		
																Onlay / Inlay and Crown. Please note (AU, MK, IM, HK)*		
																Rooted tooth (please mark)		
																Periaplical changes on rooted tooth		
																Tooth that need treatment/work done (please mark)		
																Excluded teeth (to be marked by MMA)		
*)	∕l= In	nplar	nt, HI	<= Fι	ıll ce	rami	c cro	wn/I	nlay.	If im	ıplan	t in t	he fr	ont,	pleas	e attach X-rays		
Арр	licar	nt ha	s:	НС		Эн	u (	P	o (	P	υ <b>(</b>		orost	:		Applicant oral hygiene (please note):		
Smo	king	;? (pl	ease	mar	·k)	Ye	es (	∫ <sub>N</sub>	0							Checkups yearly:		
		2.4			_								,					
Adı	ditioi	ns ? (C	)bser	vatio	ons, c	hroni	ical di	seas	es, re	quire	d me	dicin	e):					
	_						ith th				•							
2	mm	of th	e ma	rgina	al bo	ne vi	sible	. If it	is no	t pos	ssible	e to s	ee m	nargir	nal bo	nolars to the distal surface of the rear molar one by horizontal film placement at marginal advanced		
					_									reco				
• X.	-rays	/bite	wing	s mu	ıst be	e sen	d eit	ner b	у рс	stal	servi	ce oi	r ema	ail to	tand	forsikring@mmc.com		
Арр	lican	t/pol	icyh	older	r her	eby g	grant	s MN	1Α th	е ор	port	unity	to o	btair	all r	ecessary dental records in connection to this application		
	te:															ne number/clinic number (ydernr):		
D.	licyt	older													De	ntist:		
70	псун	oiudl													טפ	iust.		