

Dental Examination Report

The costs for the issuing of the medical certificate and the costs of the dental examination report shall be assumed by the applicant.

Date of application	Insurance no
Surname / First name	Date of birth
Street, house number	Post code, Town/City
Current professional occupation	

Findings

State of teeth

f = missing teeth
e = replaced teeth
k = existing crowns
b = existing pontics
c = carious teeth

w = teeth worth retaining
Z = destroyed teeth
im = implants
) = closure of a gap

(Upper jaw right)							(Upper jaw left)						
17	16	15	14	13	12	11	21	22	23	24	25	26	27
47	46	45	44	43	42	41	31	32	33	34	35	36	37
(Lower jaw right)							(Lower jaw left)						

1. Are the teeth healthy or in a good state of repair?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not, what is the problem? (Please state the affected teeth)
	Date of last dental treatment/examination?		
2. Is the periodontium healthy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If not, what is the problem?
3. Is dental prosthesis (e.g. crowns, implants etc.) necessary?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If so, what measures are necessary? (Please state the affected teeth)
4. Is orthodontia required?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If so, what is the problem?
5. Is treatment intended or advised?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If so, what measures are advised/intended? (Please state the affected teeth where applicable)
6. In the case of existing dental prostheses (e.g. crowns, onlays etc):	Please state the age of the dental prostheses		
	Is the existing dental prosthesis functional?		<input type="checkbox"/> yes <input type="checkbox"/> no
	If not, what measures are necessary? (Please state the affected teeth)		
7. In the case of existing implants:	Are the implants solidly anchored in the bone/osseo-integrated?		<input type="checkbox"/> yes <input type="checkbox"/> no
	(Please state the affected teeth)		
	Place, Date	Signature and stamp of the dentist	

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