

Aevitae
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To be completed by Aevitae

Dentist's advice	<input type="radio"/> allow	<input type="radio"/> reject
Reason for rejection		
Date of examination		
Date/initials		
Permission no.		
Permission granted by		

Application for Dental Implants

1 Insured person (patient)

A Policy number:

Surname and initials: _____

Street name / house number: _____

Postal code / town/city: _____

Phone number Work: _____ Private: _____

Date of birth: - - Gender: Male Female

B Dentist's name: _____

The insured person was referred by: _____

2 Undertaking of insured person or legal representative

Declaration: I declare that I have been informed about the advantages and disadvantages of the proposed treatment and I consent to the application and the legal personal contribution associated with it. I also declare that I will conscientiously follow the instructions of the practitioner(s), in the interests of the treatment and aftercare.

Date: - - Signature of the policyholder: _____

Please have the dentist/dental surgeon treating you complete this form further. Also ask him/her to enclose the X-ray information available and a full cost estimate. Send in the fully completed and signed form with the enclosures.
Don't forget to apply a stamp!

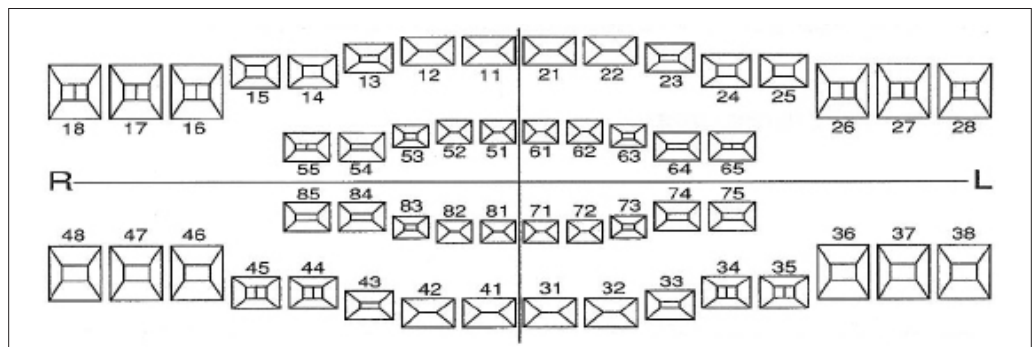
To be completed by the treating dentist/dental surgeon

A Based on the medical dental case history, is the patient suitable to undergo oral implantology? Yes No

Will special measures have to be taken to allow the patient to undergo the intervention? No Yes, namely: _____

B Edentate upper jaw: Yes No. ring the natural elements below

Edentate lower jaw: Yes No. ring the natural elements below



Number of years edentate: Upper jaw _____ year Lower jaw _____ year

Number of dentures made previously: Upper jaw _____ Lower jaw _____

Last denture: _____ year _____

What did the latest treatments to solve the prosthetic problem consist of:

C What are the primary reasons for implantation?:

D What is the jaw height on the orthopantomogram, corrected for magnification factor: _____ mm

Cawood jaw classification (II to VIII):

Pre-implantological surgery indicated? Yes No

If yes, what does the surgery comprise?

E Number of implants planned: Upper jaw _____ Lower jaw _____

Implant system:

Anchorage method: Post-housing Button/magnet Other, namely: _____

Who will place the implants: Dental surgeon Spec. Dentistry Centre General practitioner

Practitioner's name: _____

Who will place the superstructure: Spec. Dentistry Centre General practitioner

Dentist's name: _____

Who will give the necessary aftercare: _____

F Patient's motivation: Good Moderate Poor

Patient's oral hygiene: Good Moderate Poor

G Particulars/explanation:

Signature of treating dentist/dental surgeon

Date ____ - ____ - ____ Signature and name stamp _____

Please enclose the available X-ray information as well as a complete cost estimate.