

Dental Cost Estimate

For completion by your dental practitioner.

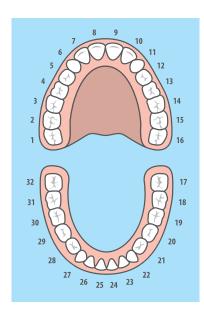
Please note, this document is not for use as an invoice or Claim Form.

Details of recipient of treatment

furotrainee institution
Policy number (N/A when claiming for the 1st time)
ır.□ Mrs.□ Ms.□ Miss□ Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
irst name
ourname
'ull address
Date of birth DD / MM / YYYY

Dentition diagram

Blacken out missing teeth and indicate with arrows the teeth to be attended to for this estimate.



Filting Extraction Extraction	Dental treatment	Tooth number	Estimated fees
Root canal treatment Fixed prosthesis Gold crown, resin jacket Resin bridge tooth element Gold inlay, cast dummy Pivat crown Veneer or Richmond crown or metal ceramic crown Metal ceramic bridge device Gold and porcelain bridge tooth element Spring attachment Hinge Removable prosthesis Upper jaw Number of teeth to be replaced Clasp Attachment Suction system Base: resin chrome-cobalt gold Remounting Remounting Lower jaw Number of teeth to be replaced Closp Addition of tooth or clasp on resin base Rebasing Remounting Lower jaw Number of teeth to be replaced Closp Repoir to the resin base Addition of teeth to be replaced Closp Repoir to the resin base Rebasing Remounting Lower jaw Number of teeth to be replaced Closp Attachment Suction system Repoir to the resin base	Filling		
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Base: resin chrome-cobalt gold Repair to the resin base Addition of tooth or clasp on resin base Rebasing	Attachment		
Repair to the resin base Addition of tooth or clasp on resin base Rebasing	Suction system		
Addition of tooth or clasp on resin base Rebasing	Base: $\operatorname{resin} \square$ chrome-cobalt \square gold \square		
Rebasing	Repair to the resin base		
	Addition of tooth or clasp on resin base		
Description:	Rebasing		
remounting	Remounting		

Tooth number	Estimated fees

Periodontic treatment (indicate site on diagram)	Details incl. quadrant		Tooth number	Estimated fees
Non-surgical treatment				
Surgical treatment				
Other				
Implants	No. of implants			
Sub-periostal implant				
Endo-osseous implant				
Special treatment	Details			
Occlusal cap-splint				
Other				
Total estimated fees				

Tooth to be replaced (bridge pontic or tooth on removable denture)

Dental treatment

Crown

Clasp

Temporary dentures

Dental practitioner details

entist's name	
ractice name and address	
elephone number COUNTRY CODE AREA CODE	

	Practitioner's stamp
Practitioner's signature	
Date DD / MM / YYYYY	

Please complete, sign and return this form by:

Email to: igomedical@e.allianz.com

Fax to: + 32 2 210 6597

Post to: Allianz Care, Bd Roi Albert II 32, 1000 Brussels, Belgium

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