

**Dental Examination for the risk assessment**

The costs are paid by the person to be treated or his/her legal representative.

Surname, First name  
of Customer:

Policy n°:

Application/Request of offer of:

The data of the person to be examined

Surname:

First name:  dob:

Street:

Postal code/place:

Identified/official valid card:  n°:

Issued by/place, date:

**Please do not make enquiries/examine, if you are a relative or related by marriage!**

Each question is to be asked by the doctor and is to be answered by the person to be examined or his/her legal representative.

**We ask you not to send us any results or data of genetic examinations or analysis!**

**You only have to inform us of already existing complaints, pre-existing conditions, no matter by which examination methods you have acquired this information.**

Remark for the doctor:

It is up to you to send the examination finding directly to Hallesche.

This form has been handed to the person to be examined by:  
(please state SC/VD/agent n°/stamp of agent)

Hallesche  
Krankenversicherung  
auf Gegenseitigkeit

Date:

## Examination findings

This form of the findings must not be filled in by spouses, parents or children of the person to be examined.

Do you know the person to be examined? ☐ yes ☐ no day of examination: \_\_\_\_\_

### 1. Findings of the denture

Upper jaw	right								left							
Requires treatment																
Finding																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Finding																
Requires treatment																
Lower jaw	right								left							

#### Finding:

f = missing teeth (fehlende Zähne)  
 )( = space closure (Lückenschluss)  
 e = already replaced teeth (bereits ersetzte Zähne)  
 k = existing crowns (vorhandene Kronen)  
 b = existing bridge parts (vorhandene Brückenglieder)  
 g = tooth filling (gefüllter Zahn)

y = defective fillings (defekte Füllungen)  
 c = carious teeth - worth keeping (kariöse Zähne (erhaltungswürdig))  
 x = teeth not worth keeping (nicht erhaltungswürdige Zähne)  
 in = Inlay  
 im = Implant  
 o = tooth without morbid finding (Zahn ohne krankhaften Befund)

#### Requires treatment:

E = tooth to be replaced (zu ersetzender Zahn)  
 F = filling (Füllung)  
 K = crown (Krone)

### 1.a How do you judge the status of the denture? (Only to be answered if dentures already exist)

- a) its function : ☐ fully functioning  
☐ small defects (reparation possible)  
☐ severe defects (need to be renewed)
- b) its status of care: ☐ good ☐ moderate ☐ bad

### 1.b Is there a malposition?

☐ no ☐ yes

Is an orthodontic measure required? ☐ no ☐ yes

### 2. Periodontal finding

Upper jaw	right								left							
Bleeding with sounding <sup>1</sup>																
Depth of sounding <sup>2</sup>																
Grade of loose tooth <sup>3</sup>																
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	WZ	BZ	BZ	BZ	BZ	EZ	SZ	SZ	SZ	SZ	EZ	BZ	BZ	BZ	BZ	WZ
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Grade of loose tooth <sup>3</sup>																
Depth of sounding <sup>2</sup>																
Bleeding with sounding <sup>1</sup>																
Lower jaw	right								left							

1 bleeding with sounding: + = yes  
 - = no

2 depth of sounding: \* = deepest spot of sounding of 4 spots

3 grade of loose tooth: 0, I, II, III

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**2.a Only to be answered in case of periodontopathy:**

How is the periodontopathy to be rated? Please tick the appropriate

International notation

- ☐ AP = Adult Periodontitis  
☐ EOP = Early Onset Periodontitis  
☐ NP = Necrotizing Periodontitis  
☐ Other \_\_\_\_\_

National notation

- ☐ = Periodontitis marginalis superficialis  
☐ = Periodontitis marginalis profunda  
☐ = Periodontitis juvenile  
☐ Other \_\_\_\_\_

Is a systematic periodontal therapy required?  
simple therapy? ☐ surgical therapy? ☐

☐ no ☐ yes

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**3. Findings of the functioning:**

complaints of the temporomandi-  
bular joint?

☐ no ☐ yes

pains when chewing?

☐ no ☐ yes

popping of the TMJ when chewing?

☐ no ☐ yes

Craniomandibular dysfunction?

☐ no ☐ yes

mouth opening:

☐ < 40 mm

☐ > 40 mm

central occlusion:

☐ yes

☐ no

= central relation

(Diff. up to 1 mm) (Diff. > 1 mm)

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**4. Prognosis:**

Which treatment measures are probably required for the making up of the health of mouth/teeth and jaws?

- |                                      |                             |                              |
|--------------------------------------|-----------------------------|------------------------------|
| a) surgical dental treatment         | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| b) conservative dental treatment     | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| c) periodontal treatment             | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| d) dentures/separate crowns/implants | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| e) orthodontic treatment             | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| f) functional treatment              | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| g) change of amalgam                 | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| h) other                             | <input type="checkbox"/> no | <input type="checkbox"/> yes |

If so, which? \_\_\_\_\_

place, date

stamp, signature of the doctor