DENTA

DENTAL TREATMENT CERTIFICATE.

The costs of the certificate up to CHF 80 will be covered by SWICA.

DESIRED CATEGORY DENTA

1	2	3	4
50% max. CHF 500	50% max. CHF 1 000	75% max. CHF 1 500	75% max. CHF 2 000

Only people with healthy teeth that are not in need of treatment will be included in the dental treatment insurance.
The certificate must be accompanied by two current bitewing radiographs or an **orthopantomogram (OPT),** if available.

Start **Decision on admission**

1. INSURED PERSON

(Please fill in using uppercase and lowercase letters)

Surname

First name

Street/no.

Post code/Town/Country

Date of birth (day/month/year) Gender male female

SWICA insured person no.

Phone (daytime)

Email

Place/date

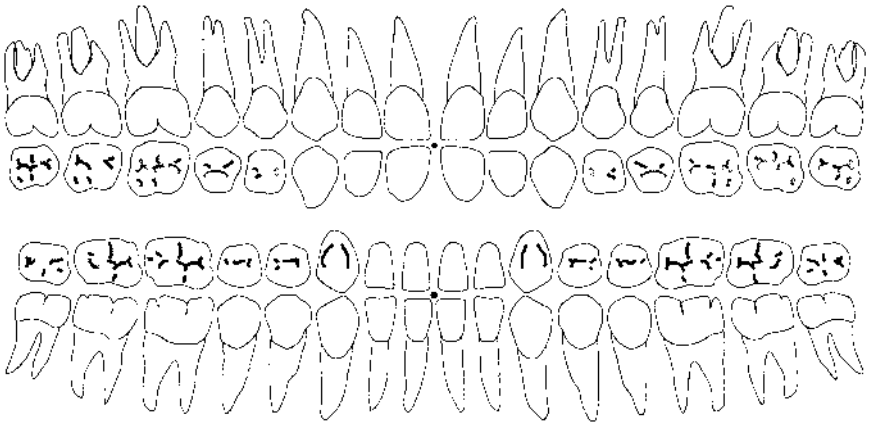
Signature of applicant/legal representative

Name of consultant/Agent's number

2. FINDINGS OF

Condition of teeth – Please enter the following details in the dental diagram:

- ⊗ Missing teeth (incl. agenesis)
- Ⓚ Carious teeth
- ● Crown(s)
- Ⓡ Impacted, displaced teeth
- ⊖ Devital, untreated teeth
- ⓌⒷ Root-treated teeth
- ●—● Bridges
- Ⓟ Max./mand. dentures – total, partial
- Ⓖ Granuloma (periapical changes)
- Ⓕ Filling
- Ⓘ Implants



Condition of crowns, bridges and dentures ☐ good ☐ medium ☐ poor

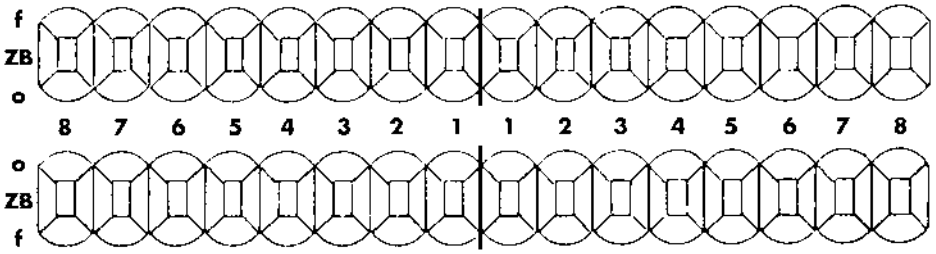
If medium or poor, why?

3. PERIODONTAL FINDINGS

Periodontal findings ☐ Yes ☐ No Gingival bleeding ☐ Yes ☐ No ☐ Partial ☐ Extensive

The following must be entered in the periodontal status:

1. Pockets 4 mm or deeper
2. TM = Tooth mobility with scores 1, 2, 3 and 4



Remarks

4. TOOTH MALALIGNMENT AND JAW ANOMALIES

☐ Yes ☐ No Description

Angle class

Are orthodontic procedures to be expected? ☐ Yes ☐ No

If yes, why?

What kind of treatment?

Cost estimate ☐ Up to CHF 5000 ☐ CHF 5000 up to CHF 10000 ☐ Over CHF 10000

5. ADDITIONAL QUESTIONS ON THE CONDITION OF THE TEETH

Hygiene ☐ good ☐ medium ☐ poor

5.1 When was the most recent treatment completed and why?

5.2 When did you first treat your patient?

5.3 When did the examination for the dental insurance take place?

5.4 Is there any accidental damage to the teeth? ☐ Yes ☐ No

If yes, which teeth are affected?

If yes, what treatments have been carried out or are planned?

5.5 Is dental work planned or necessary within the next 12 months, e.g. surgical procedures, tooth replacement, orthodontic treatment? ☐ Yes ☐ No

If yes, what?

When will this treatment be performed?

Why could the treatment not be performed before?

Cost estimate

☐ Up to CHF 1 000 ☐ CHF 1 000 up to CHF 3 000 ☐ CHF 3 000 up to CHF 5 000 ☐ Over CHF 5 000

6. CONFIRMATION OF TREATING DENTIST

The treating dentist confirms

- that he has carried out all the examinations necessary;
- that the teeth of the applicant are free of caries and will probably not need treatment in the next 12 months;
- that the enclosed X-ray images were taken within the last six months;
- that all denture work is in order at present;
- that the questionnaire has been answered truthfully and in full.

Place/date

Stamp and signature

115e / online / 9.2023