

YOUR DENTAL STATUS

Please send the front and back page of this form by Fax to 02103.33 99 78-9 or by E-Mail to Beratung@DZVS.de

	First name	Last name		
		Please note all other information on the back page. Please turn.		
Den	tist recommendation			
1	Tooth conservation solo Professional teeth cleaning, fillings, inlays (no dental questions necessary)	1. Has a treatment been currently advised? If yes: Has the treatment already started? If yes: Is there an approved quotation available already?	✓ Yes ✓ Yes ✓ Yes	No No No No
□ 2.	. Dentures solo Crowns, implants etc.	Amount of quotation: Fixed allowance by statutory health insurance:	€	
	All Inclusive Dentures, tooth conservation, professional dental cleaning	2. Are there any teeth missing? If yes: How many? (Teeth that have not been replaced yet) Should these tooth gaps also be insured?	Yes	
_ 4.	Children's orthodontics Orthodontics, tooth conservation, professional tooth cleaning	3. Have your teeth been crowned or replaced? If yes: How many in total?	Yes Yes	No No
□ 5.	. Immediate private services Quotation for max. 3 missing teeth	Number of replaced/crowned teeth older than 10 years: Number of replaced teeth with removable dentures:		
	. Immediate services 100% Advised + started treatment	4. Have you ever had periodontal disease? If yes: Is there currently periodontal disease?	✓ Yes ✓ Yes ✓ Yes	✓ No ✓ No
	Date / stamp (Datum / Praxisstempel)	If no: How long is the PA treatment completed?	□ 1 J. □ 2 J.	
		5. Do or have you ever had a temporomandibular joint Disease (CMD)?	✓ Yes	∠ No
		6. Is there a "well-maintained" bonus booklet? If yes:	✓ Yes✓ ≥ 5 J.	⊘ No
	Behandlungsplan (Treatment plan) Befund (findings) 18 17 16 15	14 / 13 / 12 / 11 R L 21 22 23	24 25 26	27 28

Befund (findings)

Behandlungsplan (Treatment plan)

RELEASE FROM CONFIDENTIALITY **AND PRIVACY POLICY**

First name	Last name
Street No.	Postal Code Place
Phone number	Mobil number
Date of birth Gender: m/f	E-Mail
Please send me the offer and the application	

Release from confidentiality for the dental office:

To get findings-oriented the best offer for a dental insurance, I give my consent, that my dentist/dental office can forward my personal data (name, phone number, date of birth, e-mail and the health data on my dental status) to the **Deutscher Zahnversicherungs-Service** GmbH & Co. KG (**DZVS**) by post, fax or e-mail and release my dentist from legal restrictions on his/her dental confidentiality obligation. I am aware that I can withdraw this declaration at any time in the future and require that every data will be corrected, added or deleted and be granted to me for inspection.

Date Signature

Data privacy consent and contact by DZVS:

I give my consent, that the DZVS can collect, process and use my personal data (name, phone number, date of birth, e-mail and explicit the health data on my dental status) and transmit them for this purpose to the requested insurer within the placement order for contract-related consulting and processing of supplementary dental insurance. If there are already existing contracts with the DZVS or the insurer, the data can also be collected, processed and used. If a dental insurance is arranged by the DZVS, the DZVS is allowed to provide the data of the insurance contract to the dentist electronically as well.

I will get the offer by e-mail or post. The DZVS is allowed to contact me by phone (if necessary after a previous announcement by SMS) or by mail. I can withdraw my consent by e-mail (Beratung@DZVS.de) or by post (to DZVS, Düsseldorfer Straße 38, 40721 Hilden). The information according to article 13 and 14 DS-GVO are available at any time on the website www.DZVS.de and on request, it can be send by mail or post together with the initial information according to § 34d Abs. 1 GeWO by the DZVS.

Date Signature