

Stammdaten <input type="checkbox"/> Herr <input type="checkbox"/> Frau Datum: _____ Patientenname: _____ Krankenkasse: _____ <input type="checkbox"/> Inland <input type="checkbox"/> Ausland <input type="checkbox"/> Regelversorgung <input type="checkbox"/> gleichartig <input type="checkbox"/> andersartig	Behandelnder Arzt
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------

Therapieplan, Regelversorgung und Befund ① Pflichtangabe

TP																
RV																
B																
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
B																
RV																
TP																

Interimsprothese Einzelkrone (Bitte Verblockung angeben)

Zustellung Kostenvoranschlag

KVA bis spätestens, Datum u. Uhrzeit: _____ Per E-Mail an: _____
 Per Fax an: _____

Kronen <input type="checkbox"/> Vestibuläre Verblendung <input type="checkbox"/> Vollverblendung <input type="checkbox"/> Keramik <input type="checkbox"/> Komposite <input type="checkbox"/> Keramikschulter	Material Legierung <input type="checkbox"/> NEM Hochwertige Legierung <input type="checkbox"/> Sattgelb: Bio Porta G, P4 Reduzierte Legierung <input type="checkbox"/> Gelb: Porta Maximum <input type="checkbox"/> Weiß: Silber-Palladium (Simidur S1S) <input type="checkbox"/> Weiß: Porta-SMK <input type="checkbox"/> Blassgelb: Eurogold Supra	Brückenglieder <input type="checkbox"/> Vestibuläre Verblendung <input type="checkbox"/> Vollverblendung <input type="checkbox"/> Keramik <input type="checkbox"/> Komposite	Zirkon-Versorgung <input type="checkbox"/> Zirkonkrone (verblendet) <input type="checkbox"/> Vollzirkonkrone (bemalt) <input type="checkbox"/> Hybridkrone/-brücke
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sonderausführungen <input type="checkbox"/> iKrone® Deutschland <input type="checkbox"/> iFlex® <input type="checkbox"/> iKrone® Premium Deutschland <input type="checkbox"/> Reiseprothese <input type="checkbox"/> iTeleskop® (Gold-Platin-Veredelung) <input type="checkbox"/> indiv. Abutment Metall <input type="checkbox"/> indiv. Abutment Zirkon	<input type="checkbox"/> Gerüst CAD/CAM <input type="checkbox"/> Empress <input type="checkbox"/> iSilent® <input type="checkbox"/> iStraight
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

Implantatsystem
 System: _____

Geschiebe <input type="checkbox"/> Duolock <input type="checkbox"/> Variosoft (Kunststoffmatrize) <input type="checkbox"/> Teilungsgeschiebe	Modellguss <input type="checkbox"/> Oberkiefer <input type="checkbox"/> Unterkiefer	Riegeltechnik <input type="checkbox"/> MK1 Riegel <input type="checkbox"/> Schwenk-Riegel <input type="checkbox"/> Robolock	Coverdenture <input type="checkbox"/> Oberkiefer <input type="checkbox"/> Unterkiefer
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

Notizen Besonderheiten (z.B. Wax-Up, GB, etc.) • Bitte um Rückruf, Grund:

KVA JETZT ABSENDEN