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Policyholder	
Policy number:	

		DENTAL	DAMAGE CERTIFICATE (to be filled out by a dentist)			
	The undersigned, dentist, (name and address)					
	Phone no.	/				
ce	certifies that					
sustained the following dental damage in an accident on/						
	1. Specification of the state of the entire set of teeth before the accident Please indicate on a dental chart:					
a)	elements treated cons	servatively	:			
b)	elements treated endo	odontically	:			
c)	(degree of) caries		:			
d)	extracted elements ar	nd the reason	:			
e)	prosthetic devices: - lo	oose	:			
	- fi	ixed	:			
f)	periodontal state		;			
g)	oral hygiene		:			
2. a)	2. Specification of the accidental damage  a) Which elements were damaged by the accident?  Give a detailed specification of the damage, including vitality, mobility, course of lines or planes of fracture (diagram), discolorations.					



b) Which care did you provide so far ?			
c) Did you take any X-ray pictures ?			
d) Which expenses were for the patient's account ?			
e) Which care you think you may have to provide in the future, and when			
f) How much will that subsequent treatment still cost the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the content of the patient) for the patient (at the pati	, and the second		
g) Do you think the damage you specified was caused by the accident , caries, major restoration, malocclusion, ?	or was there a pre-existing condition, such as		
h) Additional remarks with regard to the damage and its consequences:			
Drawn up and authenticated at	(place) on / /		
Dentist's signature			