

Client Dental Questionnaire

Surname

First name

Date of birth

		If yes, please provide details and attach treatment/cost plan
1. Are dental measures (bridges, crowns, inlays, onlays, implants, etc.) currently being performed or recommended? If yes, what is expected the cost? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Do you suffer from periodontitis? If yes, what treatment is planned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please fill in the dental chart by using the abbreviations below.

Dental chart																		
Right									Left									
Treatment date (mm/yy)																		Treatment date (mm/yy)
Planned treatment																		Planned treatment
Existing																		Existing
Upper jaw	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Upper jaw	
Lower jaw	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Lower jaw	
Existing																	Existing	
Planned treatment																	Planned treatment	
Treatment date (mm/yy)																	Treatment date (mm/yy)	

Example:

The first front tooth on your upper left jaw has the number **21**, number 22 is the one further to **your left**. If you already have an existing crown on a tooth, a "c" needs to be entered in the row "Existing" in the box above or below the number of this tooth. If an implant is planned, there must be an "I" in the row "Planned treatment" in the box for this tooth.

Abbreviations

Currently existing:

- m = missing tooth
- g = gap closure
- c = crown
- f = filling
- b = bridge
- i = implant
- in = inlay
- on = onlay

Planned treatment/procedure:

- I = Implant
- C = Crown
- T = Telescope crown
- ON = Onlay
- B = Bridge
- S = Support element
- IN = Inlay
- M = Metal-ceramic crown

Dentist details

Name

Address

Telephone - -

Fax - -

Email

A parent or guardian must sign this section on behalf of a minor dependant.

Proposed insured member's signature

Date

Please return your fully completed questionnaire by:

Scan and email to: underwriting@allianzworldwidecare.com
 Fax to: + 353 1 629 7117

Alternatively you can post it to:
 Allianz Worldwide Care
 18B Beckett Way, Park West Business Campus
 Nangor Road, Dublin 12
 Ireland

Helpline: + 353 1 630 1301