

**PERSONAL DATA OF THE POLICY HOLDER**

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Born in \_\_\_\_\_ on \_\_\_\_\_ Gender  M  F Tax Code \_\_\_\_\_

**PERSONAL DATA OF THE FAMILY MEMBER FOR WHICH A REFUND IS REQUESTED**

Surname \_\_\_\_\_ Name \_\_\_\_\_  
Born in \_\_\_\_\_ on \_\_\_\_\_ Gender  M  F Tax Code \_\_\_\_\_

QTY	SERVICE	QTY	SERVICE
	<b>PREVENTION</b>		<b>SURGERY</b>
	Periodic oral evaluation		Simple tooth or root extraction
	Emergency visits (with emergency surgery )		Complex tooth or root extraction (or in partial bone inclusion)
	Occlusal or intra-oral x-ray or bite – wing		Tooth or root extraction in complete bone inclusion
	X-ray: for each further radiogram		<b>PROSTHESIS</b>
	Prophylactic/simple tartar ablation - Adult		Prosthesis crown in LNP or ceramic
	Prophylactic/simple tartar ablation – Child		Prosthesis crown in LP and ceramic
	Fluorine topical application ( Prophylactic excluded) - Child		Prosthesis crown in full ceramic
	Fluorine topical application ( Prophylactic excluded) – Adult		Temporary simple resin prosthesis crown
	<b>VISITS</b>		Pivot (fused/premade/carbon fiber)
	Oral check, specialist visit		Upper resin full prosthesis
	Oral hygiene		Lower resin full prosthesis
	<b>RADIOLOGY</b>		Upper partial resin prosthesis (up to 3 elem. Including clamps)
	Front – rear or lateral cranium and facial bones x-ray		Lower partial resin prosthesis (up to 3 elem. Including clamps)
	Dental orthopantomography (OPT)		Removable prosthesis in stellitic alloy up to 3 elem. – upper arch.
	<b>CONSERVATION</b>		Removable prosthesis in stellitic alloy up to 3 elem. – lower arch.
	Sealing (for each tooth)		Removable prosthesis clamp
	Compound or amalgam filling (1-2 surfaces)		Prosthesis repair
	Compound or amalgam filling (3-5 surfaces)		Add. Element on partial prosthesis or on removable prosthesis
	<b>PARADONTOLOGY</b>		Prosthesis definitive lowering, upper total prosthesis indirect technique
	Roots scalling and honing (up to 6 teeth)		Prosthesis definitive lowering, lower total prosthesis indirect technique
	Extra coronal dental wiring (4 teeth)		Prosthesis definitive lowering, upper total prosthesis direct technique
	Gingivectomy (for 4 teeth)		Prosthesis definitive lowering, lower total prosthesis direct technique
	Gingivectomy per tooth		Precision joint in LNP
	Simple gingival flap for 4 teeth		<b>ORTHOGNATODONTICS</b>
	Mucus flap/ging. repos. apic./couret. open (4 teeth)		Case study
	Rizectomy per root (including access flap)		Ort. Therapy fixed braces per arch/year (teenagers)
	<b>ENDODONTICS</b>		Ort. Therapy fixed braces per arch/year (adults)
	Crown pulp amputation and pulp cavum filling (deciduous)		Ort. Therapy removable braces per arch/year
	Intra oral therapy 1 root canal (including diagnostic x-ray)		Orthodontic visit with modelling
	Intra oral therapy 2 root canal (including diagnostic x-ray)		Night bite
	Intra oral therapy 3 root canal (including diagnostic x-ray)		<b>IMPLANTOLOGY</b>
			Bony stable implant (including premade pillar)
<b>OTHER:</b>			

OPTION IS RESERVED SOLELY TO SERVICE MANAGEMENT SUBSCRIBERS

I hereby request the possibility to dispose of the coverage cap of € 5.250 merging the ceiling for the current year (net of eventual already received reimbursements) and for the two following years. The services provided refer to a care plan for which I enclose a **single invoice** of an amount equal or superior to € 7.500.

**Teeth numbers layout**

RIGHT UPPER ARCH I QUADRANT								LEFT UPPER ARCH II QUADRANT							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
RIGHT LOWER ARCH IV QUADRANT								LEFT LOWER ARCH III QUADRANT							

**Services list**

Service	Quantity	Tooth/Teeth	Arch	Notes

Date of completion \_\_\_\_\_

Dentist signature and stamp \_\_\_\_\_