

Card Number:

PHONE NUMBER:

REGISTRATION DATE:

DENTAL CARD

SURNAME:

NAME:



ADRESS:

Grid for address with dashes for postal code

Grid for personal identity number

THE NUMBER OF DOCUMENT ENTITLING:

Grid for document entitling number

DATE OF BIRTH:

PERSONAL IDENTITY NUMBER:

I, the undersigned declare that:

I agree to entitle / I don't agree entitle anyone to*: receive information about my state of health

I agree to entitle / I don't agree entitle anyone to*: receive my medical records

I agree to entitle / I don't agree entitle anyone to*: insight into the documentation after my death

* Please circle the appropriate options

I declare that I was informed about the right to receive my medical records personally, or upon receipt by the person entitled.

Name of the person entitled:

Phone of the person entitled:

I agree to the treatment of my daughter/son in the Private Dental Center, Spokojna 23, 56-400 Olesnica.

PROVIDER'S STAMP:

Patient/legal guardian signature

Signature of a patient over 16

DENTAL RESEARCH

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

55 54 53 52 51 | 61 62 63 64 65

85 84 83 82 81 | 71 72 73 74 75

LEGEND

- O** tooth not erupted
- tooth loss
- C** caries
- V** tooth or root to be removed
- W** fulfillment
- K** crown
- ~** stone or plaque

MUCOUS MEMBRANE

TEMPOROMANDIBULAR JOINT

PERIODONTAL

ADDITIONAL INFORMATION

MALOCCLUSION

HYGIENE

| DATE | TOOTH | RECOGNITION (ICD-10) | TREATMENTS, MEDICINES, RECOMMEDATIONS, REFERRALS, INABILITY TO WORK | MATERIALS CODE | PROCEDURE CODE (ICD-9) | PUNCTATION | SIGNATURE |
|------|-------|-------------------------|---|-------------------|---------------------------|------------|-----------|
| | | | | | | | |

During the treatment you can not change anything on the diagram. If the patient comes after 6 months break, and new defects were diagnosed you should use new diagram. The stamp of dental diagram should be applied in the boxes of further treatment.

Attachment no. 1 is an integral part of the diagram.