

- 1 . Please fill in this form(both front and back) so that the patient may claim the social insurance benefit.
- 2 . This form should be completed and signed by the attending dentist.

Attending Dentist 's Statement

1. Name of Patient: _____

Age (Date of Birth): _____ (M)/ _____ (D)/ _____ (Y)

Sex: M F

2. Name of Illness or Injury

Dental Caries

Periodontal Disease

Others()

3. Initial Office Visit: _____ (M)/ _____ (D)/ _____ (Y)

4. Total Days of Services: _____ days

5. Name and Address of Attending Dentist or Dental Office

Name : _____

Address : _____

Date : _____ (M)/ _____ (D)/ _____ (Y)

Signature : _____

Permanent Tooth

Upper

R #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12 #13 #14 #15 #16 L
 #32 #31 #30 #29 #28 #27 #26 #25 #24 #23 #22 #21 #20 #19 #18 #17

Lower

Primary Tooth

Upper

R #A #B #C #D #E #F #G #H #I #J L
 #T #S #R #Q #P #O #N #M #L #K

Lower

DESCRIPTION OF SERVICE			TOOTH#	FEE	DESCRIPTION OF SERVICE			TOOTH#	FEE
1	EXAMINATION				11	LAMINATE VENEER			
	Examination					Porcelain / Resin			*
2	X - RAYS / DIAGNOSIS				12	CROWNS			
	Periapical					Plastic			
	Bite - Wings					Plastic processed to gold			*
	Panoramic					Plastic processed to semi - precious metal			
	Other methods ()					Plastic processed to non - precious metal			
	Diagnostic Cast					Porcelain jacket			*
						Porcelain fused to metal			*
3	PREVENTIVE					Gold (full cast or partial veneer)			*
	Prophylaxis					Semi - precious metal			
	Fluoride					Non - precious metal			
	Other procedures ()			*		Stainless steel			
						Recement of Crown			
4	ORAL SURGERY				13	BRIDGES			
	Extraction					< Pontics >			
	Other procedures ()					Gold , cast			*
5	PERIODONTICS					Semi - precious , cast			
	Scaling / Root Planing					Non - precious , cast			
	Occlusal adjustment					Plastic processed to gold			*
	Surgical procedures ()					Plastic processed to semi - precious metal			
						Plastic processed to non - precious metal			
6	ENDODONTICS					Porcelain fused to metal			*
	Pulp Capping					< Abutments : Inlay / Onlay >			
	Pulpotomy					Gold			*
	Root Canal Therapy					Semi - precious			
	Root Canal Retreatment					< Abutments : Crowns >			
	Apexification					Plastic processed to gold			*
	Surgical Procedures ()					Plastic processed to semi - precious metal			
	Other Procedures ()					Plastic processed to non - precious metal			
						Porcelain fused to metal			*
7	POST / CORE					Gold (full cast or partial veneer)			*
	Crown Build Up					Semi - precious metal			
	Prefabricated Post / Core					Non - precious metal			
	Cast Post / Core (Gold)			*		Recement of Bridge			
	Cast Post / Core (Other material)								
8	AMALGAM FILLING				14	PROSTHODONTICS - REM			
	Primary tooth					Complete Denture U / L			
	Permanent tooth					Immediate Denture U / L			
						Acrylic Partial Denture U / L			
						Cast Partial Denture U / L			*
9	COMPOSITE RESIN FILLING					Denture Adjust			
	Primary tooth					Reline Denture U / L			
	Permanent tooth					Denture Repair			
						Tissue Condition			
10	INLAY / ONLAY				15	OTHER PROCEDURES			
	Gold Alloy			*					
	Silver Alloy								
	Ceramic			*					
	Resin			*					
	Recement of Inlay / Onlay								
						TOTAL FEE			