

**TO BE COMPLETED BY THE DENTIST**

| CODE                 | SERVICE   |
|----------------------|---|
| <b>PREVENTION</b>    |   |
| A231                 | Periodic oral check-up  |
| A232                 | Emergency visits (with emergency operation)                                       |
| A233                 | Endoral or occlusal or bite-wing X-ray  |
| A234                 | Radiography: for each additional radiogram  |
| A235                 | Simple tartar removal   |
| A236                 | Topical application of fluoride (excluding prophylaxis)                           |
| <b>EXAMINATIONS</b>  |   |
| A239                 | Oral examination, specialist examination  |
| <b>RADIOLOGY</b>     |   |
| A240                 | Antero-posterior or latero-lateral telerradiography of the skull and facial bones |
| A241                 | Dental orthopantomography   |
| <b>CONSERVATIVE</b>  |   |
| A242                 | Sealing (for each tooth)  |
| A243                 | Composite or amalgam filling (1-2 surfaces)                                       |
| A244                 | Composite or amalgam filling (3-5 surfaces)                                       |
| <b>PARADONTOLOGY</b> |   |
| A245                 | Scaling and polishing roots (up to 6 teeth)                                       |
| A246                 | Extra-coronal dental ligatures (4 teeth)  |
| A247                 | Gingivectomy (per 4 teeth)  |
| A248                 | Gingivectomy per tooth  |
| A249                 | Simple gingival flap per 4 teeth  |
| A250                 | Mucogingival flap apical repositioning/open curettage (4 teeth)                   |
| A251                 | Rhizotomy per root (including access flap)  |
| <b>ENDODONTICS</b>   |   |
| A252                 | Pulpotomy and filling of the pulp chamber (deciduous teeth)                       |
| A253                 | 1-canal endodontic therapy (including endoral x-ray)                              |
| A254                 | 2-canal endodontic therapy (including endoral x-ray)                              |
| A255                 | 3-canal endodontic therapy (including endoral x-ray)                              |

| CODE                | SERVICE   |
|---------------------|---|
| <b>SURGERY</b>      |   |
| A256                | Simple extraction of tooth or root                              |
| A257                | Complex extraction of tooth or root (or partial bone inclusion) |
| A258                | Extraction of teeth or roots with complete bone inclusion       |
| <b>PROSTHETICS</b>  |   |
| A259                | Non-precious alloy or ceramic prosthetic crown                  |
| A260                | LN or ceramic prosthetic crown                                  |
| A261                | All-ceramic prosthetic crown                                    |
| A262                | Simple temporary resin prosthetic crown                         |
| A263                | Stump pin/reconstructed with pin (metal/prefab./carbon fibre)   |
| A264                | Complete resin upper denture                                    |
| A265                | Complete resin lower denture                                    |
| A266                | Partial resin upper denture (up to 3 elements - incl. hooks)    |
| A267                | Partial resin lower denture (up to 3 elements - incl. hooks)    |
| A268                | Stellite alloy plate up to 3 elements - upper arch              |
| A269                | Stellite alloy plate up to 3 elements - lower arch              |
| A270                | Plate hook  |
| A271                | Denture repair  |
| A272                | Additional element on partial denture or element on plate       |
| A273                | Final relining of dentures - complete upper indirect technique  |
| A274                | Final relining of dentures - complete lower indirect technique  |
| A275                | Final relining of dentures - complete upper direct technique    |
| A276                | Final relining of dentures - complete lower direct technique    |
| A277                | Non-precious alloy precision attachment                         |
| <b>IMPLANTOLOGY</b> |   |
| A283                | Osteointegrated implant (including prefabricated pillar)        |

**Dental numbering system**

| RIGHT UPPER ARCH I QUADRANT  |    |    |    |    |    |    |    |
|------------------------------|----|----|----|----|----|----|----|
| 18                           | 17 | 16 | 15 | 14 | 13 | 12 | 11 |
| 48                           | 47 | 46 | 45 | 44 | 43 | 42 | 41 |
| RIGHT LOWER ARCH IV QUADRANT |    |    |    |    |    |    |    |

| LEFT UPPER ARCH II QUADRANT  |    |    |    |    |    |    |    |
|------------------------------|----|----|----|----|----|----|----|
| 21                           | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 31                           | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| LEFT LOWER ARCH III QUADRANT |    |    |    |    |    |    |    |

**List of services**

| Code | Amount | Tooth/teeth | Arch | Notes |
|------|--------|-------------|------|-------|
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |
|      |        |             |      |       |

Completion date: \_\_\_\_\_

Dentist's stamp and signature: \_\_\_\_\_