



**ESTIMATE
REQUEST FOR AUTHORISATION PRIOR TO TREATMENT**

to be sent to the appropriate Settlements Office of the Joint Sickness Insurance Scheme (JSIS)

ESSENTIAL information to be filled in by member:

Surname and first name of member: Mrs/Miss/Mr: Pers./Pension No:
 Institution and place of employment: Office address: Tel.:
 Private address if you are retired:
 Date of termination of employment/ date of end of contract: (for temporary staff or contract staff)
Estimate for : member of the Scheme spouse or recognised partner child person treated as a dependent child

Proposed treatment plan	To be completed by the practitioner	Estimate of fees	JSIS code
<p align="center">DIAGRAM NECESSARY</p> <p align="center">U L</p> <p align="center">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 ----- R</p>	<p>Estimate for : Surname and first name: Date of birth:</p> <p><u>PREVENTIVE CARE AND TREATMENT</u> (must include the numbers of the teeth) <u>TO BE COMPLETED ONLY IN THE CASE OF PROSTHESES AND/OR IMPLANTOLOGY</u></p> <p>Consultation 310 Intra-oral x-ray 310 Panoramic x-ray and teleradiography 310 Fluoride treatment 310 Sealing pits and fissures 310 Descaling 310 Filling 310 Reconstruction, core build-up (with screw or tenon), resin inlays and facets 310 Devitalisation and root filling 310 Normal extraction, incision of abscess, esquillectomy 310 Surgical extraction, impacted tooth, apectomy, root amputation, frenectomy 310 Other (please specify) 310</p> <p><u>PERIODONTAL TREATMENT</u> (treatment plan and areas involved; attach explanatory note) 313</p> <p><u>DENTAL OCCLUSION</u> (treatment plan; attach explanatory note) Occlusal splint/night guard (excluding bleaching guard)) 315</p> <p><u>PROSTHESIS</u> (must include the numbers of the teeth) <u>FIXED PROSTHESIS</u> (diagram and x-rays required):</p> <p>Inlay core 320 Cast crown, telescopic crown, ceramo-metallic crown or element, ceramic facet gold or ceramic inlay 321 Attachment (Dolder bar: by pillar) 322 TEMPORARY crown or pontic tooth 323 Removal or replacement of fixed elements (*), by element 324 Repair of crowns or elements of bridgework (*), by element 325</p> <p><u>REMOVABLE PROSTHESIS</u> (diagram required):</p> <p>Resin base plate 330 Tooth or clasp on resin plate 331 Complete upper or lower denture 332 TEMPORARY resin base plate 333 TEMPORARY tooth or clasp on resin plate 334 Metal plate (including clasps) 335 Tooth on metal plate (up to maximum of 10) 336 Repair of resin plate, addition (replacement) of one tooth or clasp on resin or metal plate 337 Rebasing (partial or full/resin or metal plate) 338</p> <p><u>IMPLANTOLOGY</u> (diagram and x-rays required):</p> <p>Preliminary study (**) Autogenous bone grafts carried out by a maxillofacial surgeon 350 Material implanted: <i>implant, abutment, synthetic bone, membrane and disposable sterile material</i> (**) Local anaesthetics (**) Surgical procedure (**) Finding and uncovering the head of the implant (**) Other (please specify) (**)</p>		
Signature of member Date:	<p>(*) with the exception of temporary crowns and temporary elements (**) Codification to be filled in by the Dental Officer of the JSIS: 341 - 342 - 343 - 344 / 351 - 352 - 353 - 354</p>		
Date:	Dentist's stamp with phone number and country (compulsory) Date : Signature:	Total estimated fees: (specify currency and country)	In the case of top-up cover, please attach a copy of the estimate from the primary scheme or the letter of refusal giving reasons