**Überweisungsformular für Kieferorthopädie**

|  |  |
| --- | --- |
| Frau [ ]  | Herr [ ]   |
| Nachname |       |
| Vorname |       |
| Geburtsdatum |       |
| Strasse, Nr. |       |
| PLZ / Ort |       |
| Telefon |       |
| E-Mail |       |

Adresse des Überweisers Adresse des Patienten / der Patientin

|  |  |
| --- | --- |
| Frau [ ]  | Herr [ ]  |
| Nachname |       |
| Vorname |       |
| Praxis-Name |       |
| Strasse, Nr. |       |
| PLZ / Ort |       |
| Telefon / Fax |       |
| E-Mail |       |

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| --- | --- | --- | --- | --- | --- | --- |
| Vorhandene Unterlagen:  | OPT [ ]  | FR [ ]  | Modelle [ ]  | Rx [ ]  | DVT [ ]  | Foto(s) [ ]  |

**Klinischer Befund (kann offen gelassen werden)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dentition: | Milchgebiss [ ]  | Wechselgebiss I [ ]  | Wechselgebiss II [ ]  | Permanent [ ]  |

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| --- | --- | --- | --- | --- | --- |
| Sagittal:  | Kl. I [ ]  | ½ Kl. II [ ]  | Kl. II [ ]  | Kl. III [ ]  | Beidseits [ ]  |
|  | Overjet: | Unauffällig [ ]  | Vergrössert [ ]  | Knapp [ ]  |  Negativ [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transversal: | Kopfbiss [ ]  | Kreuzbiss [ ]  | Bucc. Non-Okkl. [ ]  | Zwangsführung [ ]  |
|  | Mittellinie: | Zentiert [ ]  | Verschoben [ ]  |  |

|  |  |  |  |
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| Vertikal:  | Unauffällig [ ]  | Tiefbiss [ ]  | offener Biss [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Besonderes:  | Nichtanlagen [ ]  | Unterm. Res. [ ]  | Engstand [ ]  | Anderes       |

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| Anamnese :      |

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| Bemerkungen:       |

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| Patient soll aufgeboten werden [ ]  |
| Patient soll dringend aufgeboten werden [ ]  |
| Patient meldet sich selber [ ]  |

Ort:       Datum: