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| <b>Praxis</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Patient</b>                                                                                              |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Befund des gesamten Gebisses/Behandlungsplan</b> <div style="float: right;"> <input type="checkbox"/> Regelversorgung<br/> <input type="checkbox"/> Gleichartige Versorgung<br/> <input type="checkbox"/> Andersartige Versorgung         </div> <b>Art der Versorgung:</b> TP – Therapieplanung   R – Regelversorgung   B – Befund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">TP</td> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> <tr> <td>R</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>B</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td> <td>18<br/>48</td><td>17<br/>47</td><td>16<br/>46</td><td>15<br/>45</td><td>14<br/>44</td><td>13<br/>43</td><td>12<br/>42</td><td>11<br/>41</td><td> </td> <td>21<br/>31</td><td>22<br/>32</td><td>23<br/>33</td><td>24<br/>34</td><td>25<br/>35</td><td>26<br/>36</td><td>27<br/>37</td><td>28<br/>38</td><td> </td> </tr> <tr> <td>B</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>R</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>TP</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | TP                                                                                                          |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              | R                            |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 18<br>48 | 17<br>47 | 16<br>46 | 15<br>45 | 14<br>44 | 13<br>43 | 12<br>42 | 11<br>41 |  | 21<br>31 | 22<br>32 | 23<br>33 | 24<br>34 | 25<br>35 | 26<br>36 | 27<br>37 | 28<br>38 |  | B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <div style="font-size: small;">             V – vestibuläre Verblendung    T – Teleskop-/Konuskrone    B – Brückenglied<br/>             E – zu ersetzender Zahn        R – Wurzelstiftkappe        PK – Teilkrone<br/>             K – sonstige Kronen               S – Implantatgetragene Suprakonstruktion    O – Verbindungsvorrichtung<br/>             M – Vollverblendung, Keramik    H – komplizierte gegossene Halte- u. Stützvorrichtung    / – Verblockung/Steg           </div> |
| TP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| TP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Legierung</b> <table style="width: 100%; font-size: small;"> <tr> <td><b>Hochgoldhaltig</b></td> <td><b>Goldreduziert</b></td> <td><b>Paladium-Basis</b></td> <td><b>NE-Metalle</b></td> <td><b>Titan</b></td> <td><b>Vollkeramik</b></td> <td><b>e.max</b></td> </tr> <tr> <td><input type="checkbox"/> Keramik</td> <td><input type="checkbox"/> Keramik</td> <td><input type="checkbox"/> Keramik</td> <td><input type="checkbox"/> Keramik</td> <td><input type="checkbox"/> Keramik</td> <td><input type="checkbox"/> Zirkon verblendet</td> <td><input type="checkbox"/> mit Bemalung</td> </tr> <tr> <td><input type="checkbox"/> Guß</td> <td><input type="checkbox"/> Guß</td> <td><input type="checkbox"/> Guß</td> <td><input type="checkbox"/> Guß</td> <td><input type="checkbox"/> Guß</td> <td><input type="checkbox"/> Zirkon monolithisch</td> <td><input type="checkbox"/> mit Verblendung</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             | <b>Hochgoldhaltig</b>            | <b>Goldreduziert</b>             | <b>Paladium-Basis</b>            | <b>NE-Metalle</b>                            | <b>Titan</b>                             | <b>Vollkeramik</b> | <b>e.max</b> | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Zirkon verblendet | <input type="checkbox"/> mit Bemalung | <input type="checkbox"/> Guß | <input type="checkbox"/> Guß | <input type="checkbox"/> Guß | <input type="checkbox"/> Guß | <input type="checkbox"/> Guß | <input type="checkbox"/> Zirkon monolithisch | <input type="checkbox"/> mit Verblendung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Hochgoldhaltig</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Goldreduziert</b>                                                                                        | <b>Paladium-Basis</b>            | <b>NE-Metalle</b>                | <b>Titan</b>                     | <b>Vollkeramik</b>                           | <b>e.max</b>                             |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Keramik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Keramik                                                                            | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Keramik | <input type="checkbox"/> Zirkon verblendet   | <input type="checkbox"/> mit Bemalung    |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Guß                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Guß                                                                                | <input type="checkbox"/> Guß     | <input type="checkbox"/> Guß     | <input type="checkbox"/> Guß     | <input type="checkbox"/> Zirkon monolithisch | <input type="checkbox"/> mit Verblendung |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Implantatsystem</b> _____<br><input type="checkbox"/> Intraoralscan <input type="checkbox"/> Abformung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Implantatkronen</b><br><input type="checkbox"/> zementiert <input type="checkbox"/> okklusal verschraubt |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Bemerkungen</b> begrenzt auf 250 Zeichen <div style="text-align: right; margin-top: 10px;"> <span style="background-color: #0056b3; color: white; padding: 5px 10px; border-radius: 3px;">Senden</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |                                  |                                  |                                  |                                              |                                          |                    |              |                                  |                                  |                                  |                                  |                                  |                                            |                                       |                              |                              |                              |                              |                              |                                              |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |          |          |          |          |          |          |          |  |          |          |          |          |          |          |          |          |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |