
Policyholder

Name	
Address	
Postal code	Town/city
Email	

Claim no.















Policy no.

Important!

- Always enclose X-rays and clinical photos to the extent necessary to illustrate/document the extent of the injury. (X-rays and clinical photos must be mounted and must include the recording date, patient data and name of the dentist, see the record-keeping guidelines prepared by the Danish Health and Medicines Authority and the Danish Dentist Association.
- The cover provided by the insurer is normally limited to reasonable and necessary expenses, i.e. expenses for restoring the patient's teeth to the same condition as before the injury. The extent of cover is described in the relevant insurance contract.
- If treatment is initiated prior to obtaining the insurer's approval, the dentist must inform the patient that he may have to bear the costs of treatment to the extent that the necessary cover is not in place.
- If the insured has not expressed his consent on the notification form, the insurer is responsible for obtaining such consent.

Patient	Patient's name		Social Security no.							
	Occupation									
	Date of the accident (day/month/year)		On what date did the patient first contact you in connection with the injury? (day/month/year)							
	Information provided by the patient about the cause of the injury									
	Was emergency treatment given by another dentist or an emergency department? <input type="checkbox"/> No <input type="checkbox"/> Yes – please state which and by whom? _____ dated X-rays enclosed (will be returned). Only in exceptional cases will claims without X-rays be processed. <input type="checkbox"/> clinical photos (please tick box) <input type="checkbox"/> Ordinary X-rays <input type="checkbox"/> Printout <input type="checkbox"/> Email <input type="checkbox"/> CD-ROM									
Information about the teeth being injured	Which teeth	Diagnosis	Condition prior to the injury						Periodontitis	
				Caries	Filling, surfaces	Crown			Apical	Marginal
		Intact	Surfaces	Material	Type	Material	Root treatment			
Diagrams	In connection with a tooth or root fracture, the fracture line must be marked in both diagrams.									
Other teeth	Condition of other teeth. (Any comments can be added below) <input type="checkbox"/> Regular dental care <input type="checkbox"/> Well-kept <input type="checkbox"/> Neglected <input type="checkbox"/> Caries <input type="checkbox"/> Periodontitis <input type="checkbox"/> Poor dental hygiene									
Other information	Other information that you may consider relevant (e.g. soft tissue damage, previous trauma) (can be continued after the list of the most common trauma diagnoses, if necessary)									

The following information is requested in connection with damage to dentures	Type and extent of the damage			
	Bodily injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of denture <input type="checkbox"/> Complete <input type="checkbox"/> Partial	Age of denture Year	Material
	Which teeth does the denture replace?		Defects already existing at the time of the accident	
Proposals for treatment	A. Emergency/preliminary treatment (specified)		Fee (DKK)	Proportion covered by the Danish Public Health Social Security (DKK)
	Total			
	B. Final treatment (specified estimate)		Fee (DKK)	Proportion covered by the Danish Public Health Social Security (DKK)
	Total			
Can final treatment be carried out at present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Recommended period of observation		
Possible consequences				
Is the patient a member of Sygeforsikringen "danmark" (Health Insurance Denmark)? <input type="checkbox"/> No <input type="checkbox"/> Yes – which group				
Are you the patient's usual dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the patient covered by the Danish dental service for children and adolescents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Regarding injuries sustained by children and adolescents. As patients under the age of 18 are attended regularly and treated under the Danish dental service for children and adolescents, our dental injury cover is secondary.				
Bank details	Any payments can be transferred directly to your bank account. Please provide your bank registration no. and account no. below. The information will only be used in connection with this claim and is protected by our duty of confidentiality.			
	Reg. no.	Account no.		
Email	If you prefer to communicate via email, please state your email address here			
Dentist	Name		Address	
	Postal code and town/city		Stamp with tel. no.	
	Date and signature			
	Please state the civil reg. no. or CVR no. of the party receiving the fee in accordance with Danish tax legislation. Civil reg. no./CVR no.			
	This declaration is to be submitted by the dentist to Codan's head office. The insurer's liability does not arise until the insurer has accepted the claim and the proposal for treatment received. This certificate, whose wording has been approved by the Danish Dental Association to be used in connection with insurance, is payable to the dentist by the insurer in accordance with the existing agreement.			

Any other information																																																																					
<p>Trauma diagnoses, including an assessment of the risk of pulpal necrosis (PN) and progressive root resorption (RR) (inflammatory and ankylosed) as well as recommended minimum period of observation before restoration.</p>																																																																					
	Infrafractio dentis	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae dentis non complicatae	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae dentis complicatae	PN 3 %	RR 0 %	OBS* 3 months		Fractura coronae et radices dentis non complicatae	PN ? %	RR 0 %	OBS* 6 months		Fractura coronae et radices dentis complicatae	PN ? %	RR 0 %	OBS* 6 months		Fractura radices dentis	PN 28 %	RR 1 %	OBS* 6 months		Fractura processus alveolaris	PN 45 %	RR 2 %	OBS* 6 months		Fractura maxillae et mandibulae	PN 25 %	RR 3 %	OBS* 6 months		Concussio dentis	PN** 6 %	RR 0 %	OBS* 3 months		Subluxatio dentis	PN** 15 %	RR 2 %	OBS* 3 months		Extrusio dentis	PN** 25 %	RR 6 %	OBS* 6 months		Luxatio lateralis dentis	PN** 62 %	RR 3 %	OBS* 6 months		Intrusio dentis	PN** 90 %	RR 35 %	OBS*** 1 year		Avulsio dentis	PN 92 %	RR 70 %	OBS*** 1 year
<p>* Before restoration is initiated, a pulpal vitality test should be performed. If the tooth is vital and x-rays do not show any signs of progressive root resorption, restoration may be initiated.</p>																																																																					
<p>** The percentages have been calculated on the basis of luxations with or without crown fracture.</p>																																																																					
<p>*** Restorations will always involve a significantly increased risk of complications during recovery.</p>																																																																					
<p>For more detailed information, please refer to www.dentaltraumaguide.org (Illustrations taken from JO Andreasen 2003)</p>																																																																					