danmark
SYGEFORSIKRING

Orthodontic **Examination**
and treatment planning
(Teeth straightening)

INVOICE NO.

Patient's name

Dentist's stamp

CPR no.

Start date

End date

Examination and treatment planning		**Currency**
Preliminary orthodontic examination and consultation	[ ]	
Complete orthodontic examination and treatment plan	[ ]	
Preliminary orthodontic study model set	[ ]	
Preliminary panoramic X-ray image	[ ]	
Preliminary frontal X-ray image	[ ]	
Preliminary profile X-ray image	[ ]	
Number of boxes ticked	————	
	Total fee	

Receipt issued for the amount

Date