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| Patient Name: | |  | |
| Subscriber Name:  ID #:  Treatment Proposed or Rendered: | |  | |
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**INFORMATION TO INCLUDE WITH BRIDGE AND/OR IMPLANT TREATMENT**

* If not initial replacement of this tooth/teeth, provide the age of the previous/existing bridge/implant.
* If the abutment teeth have/had previous crowns, provide the age(s).

When determining benefit for bridges/implants, the **entire** dental arch must be considered.

* On the chart provided**,** identify all missing teeth. **ALSO**, identify all existing bridges and implants.

If available, submit radiographs that show the upper/lower arch.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

* For **EACH** **existing** implant or bridge, provide the tooth number **AND** its long-term prognosis (i.e., Good, Fair, Poor).
* Are any teeth recommended for future extraction? Yes No

If **yes**, provide the tooth numbers.

Thank you for your cooperation. Professional Review Department