

Zahntechnikermeister Thomas Metasch  
Kirchstraße 11, 02977 Hoyerswerda

Tel.: 03571- 60 54 780  
Fax: 03571- 60 54 781

|                           |                                                                                                                                                                                                   |  |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Anschrift des Zahnarztes: |                                                                                                                                                                                                   |  |
|                           | Name:                                                                                                                                                                                             |  |
|                           | Vorname:                                                                                                                                                                                          |  |
|                           | Versichert: Kasse <input type="checkbox"/> Privat <input type="checkbox"/>                                                                                                                        |  |
|                           | Regelversorgung <input type="checkbox"/><br>Gleichartige Versorgung <input type="checkbox"/><br>Andersartige Versorgung <input type="checkbox"/><br><b>Gesichtsbogen</b> <input type="checkbox"/> |  |

### Kostenvoranschlag

|                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|-----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Therapieplan 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Therapieplan 1  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Regelversorgung |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Befund          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|                 | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| Befund          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Regelversorgung |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Therapieplan 1  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Therapieplan 2  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Auftrag / Informationen

|                        |      |              |
|------------------------|------|--------------|
| Material:              | NEM: | Galvano:     |
| Silber/ Goldreduziert: |      | Vollkeramik: |
| Hochgoldhaltig:        |      | Sonstiges:   |

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
| Auftragsplanung |  |  |  |  |  |  |  |
|                 |  |  |  |  |  |  |  |