



Please send this form to:

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NORWAY

Diagnostic form for reimbursement of the cost of orthodontic treatment abroad

1. Personal details of patient

National ID no. (11 digits)		First name, surname
Address, including post code		Telephone number
Country	Citizenship	Email adress

2. Information about the diagnosis

The pasient has	Deviation in molar region
neutral occlusion	
disto-occlusion, Angle Class II	Class I left: mm
mesio-occlusion, Angle Class III	Class II right: mm
ANB angle	Mandibular \Nasal Line

Group a

1. Cleft lip-jaw-palate
2. Congenital or acquired craniofacial malformation
3. Bite deviations so severe requiring combined treatment of orthognatic surgery

Group b

1. Overjet, 9 mm or more
2. Unilateral cross or scissors bite involving 3 or more tooth pairs that causes forced occlusion and/or assymetries
3. Open bite where there is occlusal contact only on molars
4. Impacted incisors, canines and premolars requiring active advancement
5. Mandibular prognatisme involving all 4 incisors with or without forced occlusion
6. Agenesis or loss of teeth in front (incisors and canines)
7. Deep overbite with buccal or palatal impinging of the mucous membrane with 2 or more teeth or deep overbite with lack of anterior vertical support
8. Bilateral scissors bite involving 2 or more tooth pairs on each side
9. Agenesis of 2 or more teeth in same lateral segment (3. molars excluded)
10. Agenesis of single tooth in the sidesegments (if space closes) and hypoplastic molar

Group c

11. Overjet, 6-9mm

- a) The patient has documented functional deviations
- b) The patient has severe difficulties coping psychologically and socially, associated with the positioning of the teeth
- c) Malocclusion is combined with c12

12. Severe crowding in front, 4mm or more and lack of contact between single teeth, at least 2 mm (with front teeth we mean incisors and canines)

- a) The patient has documented functional deviations
- b) The patient has severe difficulties coping psychologically and socially, associated with the positioning of the teeth
- c) Malocclusion is combined with c11 or c13

13. Inversion of the front, incisors and canines

- a) The patient has documented functional deviations
- b) The patient has severe difficulties coping psychologically and socially, associated with the positioning of the teeth
- c) Malocclusion is combined with c12

14. Medial diastema of 3 mm or more, or severe general spacing in front

- a) The patient has documented dental anomalies
- b) The patient has severe difficulty coping psychologically and socially, associated with the positioning of the teeth.

15 Open bite involving 3 or more tooth pairs

- a) The patient has documented functional deviations
- b) The patient has severe difficulty coping psychologically and socially, associated with the positioning of the teeth.

3. Additional comments and treatment plan

Additional comments	Treatment plan
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4. Attachments

X-rays	Models
Cephalogram or profile radiograph	Photographs
Panoramic radiograph	Other

5. Details related to the treatment

Cost estimate for the treatment	Treatment will start	Duration
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6. Ortodontist's signature

Place and date	Orthodontist's signature and stamp
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