









Patient: \_\_\_\_\_ geb: \_\_\_\_\_ Zimmer: \_\_\_\_\_

|  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
|--|---------|--|--|--|--|--|--|---|---------|--|---------|--|--|--|-------|--|--------|--|------|--|------|--|--|--|-------|---------|--|--|-----|--|------|--|-----|--|----|--|----|--|----|--|------|--|-----|--|--|--|--|--|--|--|--|--|
| <p>Datum: _____</p> <p>Lippen: trocken <input type="checkbox"/>, rissig <input type="checkbox"/>, Rhagaden <input type="checkbox"/></p> <p>Schleimhäute: trocken <input type="checkbox"/>, sonstiges _____</p> <p>Zunge: trocken <input type="checkbox"/>, belegt <input type="checkbox"/></p> <p>Pilz: gen. <input type="checkbox"/> / lok. _____, Borken <input type="checkbox"/></p> <p>Zahnfleisch: entzündet gen. <input type="checkbox"/> / lok. _____, Druckstelle _____</p> <p style="text-align: center;"> <input type="checkbox"/> 😊   <input type="checkbox"/> 😐   <input type="checkbox"/> ☹️                      KI   Tele   Tot   getragen?   sonstiges         </p> <p>Beläge Zähne: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      ZE OK   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>      <input type="checkbox"/> _____</p> <p>Beläge ZE:    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      ZE UK   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>      <input type="checkbox"/> _____</p> <p>Zst <input type="checkbox"/>, Vopr <input type="checkbox"/>, PSI <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> sK _____, Mu _____, üZ <input type="checkbox"/>, Exz2 _____</p> <p>Sonstiges: _____</p> <p>_____</p> <p>Weitere Behandlungsmaßnahmen:</p> <p>_____</p> |         |  |  |  |  |  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bs1/2/3</td><td> </td></tr> <tr><td>PBA1a/b</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Bs4/5</td><td> </td></tr> <tr><td>SP1a/b</td><td> </td></tr> <tr><td>SP1c</td><td> </td></tr> <tr><td>SP1d</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>WG 78</td><td>__ / __</td></tr> <tr><td> </td><td> </td></tr> <tr><td>Zst</td><td> </td></tr> <tr><td>Vopr</td><td> </td></tr> <tr><td>PSI</td><td> </td></tr> <tr><td>Mu</td><td> </td></tr> <tr><td>sK</td><td> </td></tr> <tr><td>üZ</td><td> </td></tr> <tr><td>Exz2</td><td> </td></tr> <tr><td>Ä70</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Bs1/2/3 |  | PBA1a/b |  |  |  | Bs4/5 |  | SP1a/b |  | SP1c |  | SP1d |  |  |  | WG 78 | __ / __ |  |  | Zst |  | Vopr |  | PSI |  | Mu |  | sK |  | üZ |  | Exz2 |  | Ä70 |  |  |  |  |  |  |  |  |  |
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| Bs1/2/3  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PBA1a/b  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Bs4/5  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1a/b   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1c   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1d   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| WG 78  | __ / __ |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Zst  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Vopr   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PSI  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Mu   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| sK   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| üZ   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Exz2   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Ä70  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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|--|---------|--|--|--|--|--|--|---|---------|--|---------|--|--|--|-------|--|--------|--|------|--|------|--|--|--|-------|---------|--|--|-----|--|------|--|-----|--|----|--|----|--|----|--|------|--|-----|--|--|--|--|--|--|--|--|--|
| <p>Datum: _____</p> <p>Lippen: trocken <input type="checkbox"/>, rissig <input type="checkbox"/>, Rhagaden <input type="checkbox"/></p> <p>Schleimhäute: trocken <input type="checkbox"/>, sonstiges _____</p> <p>Zunge: trocken <input type="checkbox"/>, belegt <input type="checkbox"/></p> <p>Pilz: gen. <input type="checkbox"/> / lok. _____, Borken <input type="checkbox"/></p> <p>Zahnfleisch: entzündet gen. <input type="checkbox"/> / lok. _____, Druckstelle _____</p> <p style="text-align: center;"> <input type="checkbox"/> 😊   <input type="checkbox"/> 😐   <input type="checkbox"/> ☹️                      KI   Tele   Tot   getragen?   sonstiges         </p> <p>Beläge Zähne: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      ZE OK   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>      <input type="checkbox"/> _____</p> <p>Beläge ZE:    <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>      ZE UK   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>      <input type="checkbox"/> _____</p> <p>Zst <input type="checkbox"/>, Vopr <input type="checkbox"/>, PSI <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> sK _____, Mu _____, üZ <input type="checkbox"/>, Exz2 _____</p> <p>Sonstiges: _____</p> <p>_____</p> <p>Weitere Behandlungsmaßnahmen:</p> <p>_____</p> |         |  |  |  |  |  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bs1/2/3</td><td> </td></tr> <tr><td>PBA1a/b</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Bs4/5</td><td> </td></tr> <tr><td>SP1a/b</td><td> </td></tr> <tr><td>SP1c</td><td> </td></tr> <tr><td>SP1d</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>WG 78</td><td>__ / __</td></tr> <tr><td> </td><td> </td></tr> <tr><td>Zst</td><td> </td></tr> <tr><td>Vopr</td><td> </td></tr> <tr><td>PSI</td><td> </td></tr> <tr><td>Mu</td><td> </td></tr> <tr><td>sK</td><td> </td></tr> <tr><td>üZ</td><td> </td></tr> <tr><td>Exz2</td><td> </td></tr> <tr><td>Ä70</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Bs1/2/3 |  | PBA1a/b |  |  |  | Bs4/5 |  | SP1a/b |  | SP1c |  | SP1d |  |  |  | WG 78 | __ / __ |  |  | Zst |  | Vopr |  | PSI |  | Mu |  | sK |  | üZ |  | Exz2 |  | Ä70 |  |  |  |  |  |  |  |  |  |
|  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Bs1/2/3  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PBA1a/b  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Bs4/5  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1a/b   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1c   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1d   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| WG 78  | __ / __ |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Zst  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Vopr   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PSI  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Mu   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| sK   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| üZ   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Exz2   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Ä70  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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Patient: \_\_\_\_\_ geb: \_\_\_\_\_ Zimmer: \_\_\_\_\_

|   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| <p>Datum: _____</p> <p>Lippen: trocken <input type="checkbox"/>, rissig <input type="checkbox"/>, Rhagaden <input type="checkbox"/></p> <p>Schleimhäute: trocken <input type="checkbox"/>, sonstiges _____</p> <p>Zunge: trocken <input type="checkbox"/>, belegt <input type="checkbox"/></p> <p>Pilz: gen. <input type="checkbox"/> / lok. _____, Borken <input type="checkbox"/></p> <p>Zahnfleisch: entzündet gen. <input type="checkbox"/> / lok. _____, Druckstelle _____</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      KI   Tele   Tot   getragen?   sonstiges         </p> <p>Beläge Zähne: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      ZE OK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>Beläge ZE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      ZE UK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>Zst <input type="checkbox"/>, Vpr <input type="checkbox"/>, PSI <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> sK _____, Mu _____, üZ <input type="checkbox"/>, Exz2 _____</p> <p>Sonstiges: _____</p> <p>_____</p> <p>Weitere Behandlungsmaßnahmen:</p> <p>_____</p> |         |  |  |  |  |  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bs1/2/3</td><td> </td></tr> <tr><td>PBA1a/b</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Bs4/5</td><td> </td></tr> <tr><td>SP1a/b</td><td> </td></tr> <tr><td>SP1c</td><td> </td></tr> <tr><td>SP1d</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>WG 78</td><td>__ / __</td></tr> <tr><td> </td><td> </td></tr> <tr><td>Zst</td><td> </td></tr> <tr><td>Vipr</td><td> </td></tr> <tr><td>PSI</td><td> </td></tr> <tr><td>Mu</td><td> </td></tr> <tr><td>sK</td><td> </td></tr> <tr><td>üZ</td><td> </td></tr> <tr><td>Exz2</td><td> </td></tr> <tr><td>Ä70</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Bs1/2/3 |  | PBA1a/b |  |  |  | Bs4/5 |  | SP1a/b |  | SP1c |  | SP1d |  |  |  | WG 78 | __ / __ |  |  | Zst |  | Vipr |  | PSI |  | Mu |  | sK |  | üZ |  | Exz2 |  | Ä70 |  |  |  |  |  |  |  |  |  |
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| Bs1/2/3   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PBA1a/b   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Bs4/5   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1a/b  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1c  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1d  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| WG 78   | __ / __ |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Zst   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Vipr  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PSI   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Mu  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| sK  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| üZ  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Exz2  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Ä70   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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|---|---------|--|--|--|--|--|--|---|---------|--|---------|--|--|--|-------|--|--------|--|------|--|------|--|--|--|-------|---------|--|--|-----|--|------|--|-----|--|----|--|----|--|----|--|------|--|-----|--|--|--|--|--|--|--|--|--|
| <p>Datum: _____</p> <p>Lippen: trocken <input type="checkbox"/>, rissig <input type="checkbox"/>, Rhagaden <input type="checkbox"/></p> <p>Schleimhäute: trocken <input type="checkbox"/>, sonstiges _____</p> <p>Zunge: trocken <input type="checkbox"/>, belegt <input type="checkbox"/></p> <p>Pilz: gen. <input type="checkbox"/> / lok. _____, Borken <input type="checkbox"/></p> <p>Zahnfleisch: entzündet gen. <input type="checkbox"/> / lok. _____, Druckstelle _____</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      KI   Tele   Tot   getragen?   sonstiges         </p> <p>Beläge Zähne: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      ZE OK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>Beläge ZE: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                      ZE UK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p>Zst <input type="checkbox"/>, Vpr <input type="checkbox"/>, PSI <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table> sK _____, Mu _____, üZ <input type="checkbox"/>, Exz2 _____</p> <p>Sonstiges: _____</p> <p>_____</p> <p>Weitere Behandlungsmaßnahmen:</p> <p>_____</p> |         |  |  |  |  |  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bs1/2/3</td><td> </td></tr> <tr><td>PBA1a/b</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>Bs4/5</td><td> </td></tr> <tr><td>SP1a/b</td><td> </td></tr> <tr><td>SP1c</td><td> </td></tr> <tr><td>SP1d</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td>WG 78</td><td>__ / __</td></tr> <tr><td> </td><td> </td></tr> <tr><td>Zst</td><td> </td></tr> <tr><td>Vipr</td><td> </td></tr> <tr><td>PSI</td><td> </td></tr> <tr><td>Mu</td><td> </td></tr> <tr><td>sK</td><td> </td></tr> <tr><td>üZ</td><td> </td></tr> <tr><td>Exz2</td><td> </td></tr> <tr><td>Ä70</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | Bs1/2/3 |  | PBA1a/b |  |  |  | Bs4/5 |  | SP1a/b |  | SP1c |  | SP1d |  |  |  | WG 78 | __ / __ |  |  | Zst |  | Vipr |  | PSI |  | Mu |  | sK |  | üZ |  | Exz2 |  | Ä70 |  |  |  |  |  |  |  |  |  |
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| Bs1/2/3   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PBA1a/b   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Bs4/5   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1a/b  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1c  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| SP1d  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| WG 78   | __ / __ |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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| Zst   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Vipr  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| PSI   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Mu  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| sK  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| üZ  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Exz2  |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
| Ä70   |         |  |  |  |  |  |  |   |         |  |         |  |  |  |       |  |        |  |      |  |      |  |  |  |       |         |  |  |     |  |      |  |     |  |    |  |    |  |    |  |      |  |     |  |  |  |  |  |  |  |  |  |
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