



**PLEASE TAKE NOTE OF THE TERMS AND CONDITIONS
AND SPECIFIC CONSENT PRESENTED ON PAGES 2 AND 3,
SIGN PAGES 2 AND 3 FOR AGREEMENT AND RETURN ALL 3 PAGES**

Ms

Mr

Family name(s):

First name(s):

Date of birth: . . (dd.mm.yyyy)

Legal representative:

Address (street + no.):
(legal representative)

Postcode/Town:

Landline and/or
mobile tel. no.:

Work tel. no.:

Email address:

Profession:

Marital status:

Nationality:

Residence permit: ☐ Yes Which type? ☐ B ☐ C ☐ G* ☐ CL*

☐ No

*Valid at least 2 years

Health insurer:

AVS (social security) no.: . . .

Guarantor: Do you receive supplementary benefits or financial support
from another institution or foundation?

☐ Yes

Name of the organisation:

If SPC:

Case no.:

☐ No

TERMS AND CONDITIONS

With the exception of orthodontic treatments, treatment plans and initial estimates will generally be established during a programming consultation at the University Clinic of Dental Medicine (CUMD). There is a charge for these documents.

Fees for programming consultations		
	Code	CHF
<u>Mandatory service</u>		
Clinical consultation	4.0000	73.20
Basic fee for disinfection	4.0300	13.90
<u>Supplementary service depending on needs*</u>		
Bitewing x-rays (2x)	4.0500	38.40
Periapical x-ray	4.0500	19.20
Panoramic x-ray: <i>(Carried out by HUG on-site)</i>	4.0530	156.90

**If you have recent x-rays, please bring them to the first appointment.*

The first appointment for drawing up the estimate shall take place as soon as possible after receipt of this form. The lead time varies according to availability but can be several weeks. All cases compatible with teaching requirements and capacities are taken on.

Consultations carried out by students require approximately two consecutive hours. They are booked according to the level of training of the students and their availability.

Please note that the proposed initial estimate takes into account all findings requiring care and not only your specific request. This estimate may then be changed at the clinic; if necessary, a new estimate will be prepared and submitted for your signature. To enable us to better support you, we ask that you bring with you a list of medications you are taking at the time of your appointment.






The first consultation at the orthodontic clinic is free of charge; it is organised in accordance with teaching requirements. The fees for the initial documentation are CHF 600 if the patient decides to follow the orthodontic treatment.

You will be reminded of appointments by text message and/or email as long as your mobile phone number and email address are on file. Cancellations must be announced 48 hours in advance, otherwise you will be charged for the appointment. The CUMD reserves the right to immediately cancel treatment following the third missed appointment.

If the information contained in this form proves to be inaccurate and therefore creates an additional workload, in particular adjusting the estimate, the CUMD reserves the right to bill you up to CHF 100.

The CUMD has mandated the Caisse pour médecins-dentistes (CMD) for the billing of services. Please note the terms and conditions applied by CMD at <https://www.zakag.ch> (in French, German or Italian).

With my signature:

-  I declare that I have read and accepted the terms and conditions.
-  I authorise the CUMD to carry out the necessary solvency checks.
-  I accept that CUMD communicates the necessary personal and medical data to the CMD and any other third-party payer, particularly with a view to recovering CUMD's fees.
-  I accept that CUMD communicates the necessary personal and medical data to Hôpitaux Universitaires de Genève (HUG), particularly for taking extraoral x-rays.
-  I confirm that I have also taken note of and accepted that I may be photographed.

Geneva, _____

Signature of the patient or their legal representative: _____

SPECIFIC CONSENT





The University Clinic of Dental Medicine (CUMD) is one of the three sections of the Faculty of Medicine at the University of Geneva (UNIGE). Its main mission is to promote oral health among the general public through teaching, research and patient care. The goal is to provide students, researchers and patients with the highest quality of education, the best structure for research and innovation, and the best dental care at the lowest cost.

The CUMD thereby provides the population of Geneva with preventive and therapeutic care, ensures basic academic and clinical training for dental students, as well as in-depth and continuing education for dentists, and conducts basic, translational and clinical research in the broad field of oral health.

To fulfil its teaching and research missions, the CUMD, i.e. its staff and UNIGE dental students, must have access to the data in the patient's medical records and all related documentation, and must be able to use this data in an anonymised form for teaching and research, exclusively within the framework of the institutional activities of UNIGE. The legal requirements of the Federal Act on Research involving Human Beings (research activities) and the law on public information, access to documents and protection of personal data (teaching activities) remain expressly reserved.

There is a 70% discount on treatment by undergraduate students, excluding orthodontic treatment. There is a 25% discount on treatment by graduate students. There is a 25% discount on orthodontic treatment. There is no discount on treatment by professional dentists.

Based on this information and with my signature:

-  I confirm that I have been given sufficient information, that I have understood and accept the use of anonymised data from my medical records, including images and photographs taken by CUMD staff and UNIGE dental students for the needs of UNIGE in the field of teaching and/or scientific research and/or scientific publications.
-  I confirm that I have had enough time to consider the scope of this consent.
-  I note that I can withdraw consent at any time by simply giving written notice to the CUMD (at the address at the bottom of the first page of this document).
-  I confirm that I have understood that refusal of consent may mean the teaching discounts mentioned above are waived.

Family name(s), First name(s): _____

Date of birth: . .

Geneva, _____

Signature of the patient or their legal representative:
