

## Declaration of consent "Root Canal Treatment"

Patient data

University Hospital Tübingen

**Dept. of Conservative Dentistry**

Osianderstrasse 2-8  
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Germany

### Findings/Diagnosis:

**Planned therapy:** endodontic treatment on tooth: \_\_\_\_\_

### Treatment alternatives

- extraction of the affected tooth       apicoectomy/root apex amputation  
 other: \_\_\_\_\_       none

### Possible side effects and complications of the planned treatment

pain/swelling/abscess ■ not (completely) cleaned canals ■ not all root canals can be detected ■ incomplete anaesthesia ■ fractured instrument (Note: files may contain nickel!) ■ allergy (e.g. nickel, latex) ■ tooth discoloration/damage/destruction ■ failure ■ nerve damage ■ tooth loss ■ overfilling of materials and rinsing solution ■ involving the maxillary sinuses ■ ingestion or inhalation of instruments/foreign objects/rinsing solutions ■ tooth loosening ■ root perforation (via falsa) ■ haematoma ■ tooth fracture ■ Damage to existing veneers/restorations

In your case, the following risks exist in particular: \_\_\_\_\_

### Course, behavior of the patient before, during and after treatment, aftercare

complaints, pain, bite sensitivity ■ load/usage restricted ■ detached/broken off/leaking temporary/final filling/crown, pieces of tooth, x-ray checks ■ need for a prosthetic restoration

other information: \_\_\_\_\_

### Neglecting treatment/possible alternatives – possible adverse consequences

leaving infected pulp tissue ■ increased failure rate ■ caries ■ bad breath ■ inflammation/jaw resorption/gingiva ■ risk heart/foetus ■ tooth loss

other possible adverse effects in the present case: \_\_\_\_\_

**Costs** according to additional cost agreement (was given to me).

**Unforeseeable developments may result in additional costs.**

### Confirmation about having been informed

My dentist discussed all points in detail with me. I understood everything and have no more questions. I considered my decision thoroughly and do not need any more time for reflection.

Received information on local anaesthesia (→ Form „Dental Treatment“).

### Patient consent

- I agree to proposed treatment/s. This is also valid for possibly needing anaesthesia, about which I was informed separately, as well as for necessary changes/additions/additional or follow-up treatments. I can withdraw my consent until the start of treatment.
- I **do not** agree to the proposed measure(s)/treatment(s) and confirm herewith that I have been informed about the possible consequences of not doing so.
- I did receive a copy of this consent.
- I **do not** wish to accept the copy of the consent offered to me.

\_\_\_\_\_  
Signature of the dentist

\_\_\_\_\_  
Signature of the assistant

\_\_\_\_\_  
Place/date

\_\_\_\_\_  
Signature of the patient/legal representative/caretaker/  
authorized representative\*

\* Where the consent of parents for their child is concerned: In principle, the consent of both parents must be obtained. If one parent signs without the other parent's signature, he or she also declares that he or she has the sole custody or that the other parent has authorized him or her to make the declaration on his or her behalf.