

Patient data

University Hospital Tübingen
Dept. of Conservative Dentistry
 Osianderstrasse 2-8
 72076 Tübingen
 Germany

Findings/Diagnosis: _____

Planned therapy: Direct Composite Restorations (Class I-V, tooth form correction, direct veneer) on teeth _____

Treatment alternatives

- amalgam filling restoration by ceramic or cast metal insertion crown indirect veneer
 other: _____ none

Possible side effects and complications of the planned treatment

- pain ■ gingivitis ■ bleeding ■ hypersensitivity ■ splintering of excess material ■ edge formation ■ foreign body sensation
 ■ wear ■ formation of deposits ■ fragmentation ■ discoloration ■ visible edges ■ new caries ■ devitalisation of pulp tissue
 ■ root canal treatment ■ fracturing of part of the tooth, restoration ■ problems when biting down ■ defects
 ■ ingestion ■ inhalation ■ allergy ■ lowering of bite
 In your case the following risks exist in particular: _____

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

- complaints, pain, questions ■ load/usage/life time ■ replacement/breaking the tooth/leaking ■ daily dental care
 ■ return visit ■ preventive dental appointments ■ radiographs
 other information: _____

Neglecting treatment/possible alternatives – possible adverse consequences

- caries ■ bad breath ■ hypersensitivity ■ gingivitis/gingival pockets ■ bacterial infiltration ■ pulp damage
 ■ inflammation/abscesses ■ tooth breaking, tooth loss ■ sharp edges, injury ■ changes to the dentition,
 temporomandibular complaints, pain, or damage ■ restricted chewing ability
 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 of 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 the 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 **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 sole custody or that the other parent has authorized him or her to make the declaration on his or her behalf.