

Declaration of consent "Indirect Restoration" (inlays, onlays, partial crowns)

Patient data

University Hospital Tübingen

Dept. of Conservative Dentistry

Osianderstrasse 2-8
72076 Tübingen
Germany

Findings/Diagnosis: _____

Planned therapy: Restoration by insertion of tooth-colored material (ceramics, composite) or cast metal insertion
 on tooth _____

Treatment alternatives

- amalgam filling composite restoration crown
 other: _____ none

Possible side effects and complications of the planned treatment

pain ■ gingivitis ■ bleeding ■ hypersensitivity ■ pain when biting down ■ foreign body sensation
■ difficulties in removing the temporaries ■ wear, breakage ■ devitalized pulp tissue, root canal treatment, re-making indirect restoration, tooth loss ■ splintering/tooth parts breaking off ■ metallic taste/electric sensation (in case of metal restorations)
■ discoloration, new caries (in case of ceramic restorations adhesive/filling margin) ■ allergy ■ detachment/loss, biting/defects, ingestion/inhalation

In your case, the following risks exist in particular:

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

complaints, pain ■ load/usage, sticky, very hard food ■ detachment/breaking/leakage of temporary/final filling, tooth parts
■ daily dental care ■ preventive dental appointments ■ radiographs

other information:

Neglecting treatment/possible alternatives – possible adverse consequences

caries ■ bad breath ■ hypersensitivity ■ gingivitis/gingival pockets ■ bacterial inviltration ■ pulp damage ■ inflammation/abscesses ■ tooth breaking, tooth loss ■ sharp edges ■ 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 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 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 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.