



## Clarification and consent

### in the dental intervention

Name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

### Consent to the following dental procedure:

(short description)

I have been informed that the above-mentioned procedure is to be performed on me. I have been fully informed by Dr. Tartsch about the nature, purpose and course of the procedure, as well as its main advantages and disadvantages and risks, also in comparison with other methods of examination, treatment, operation and refraining from the procedure.

I am aware that under certain circumstances an extension of the intervention and an extension or modification of the planned measures may only prove necessary intraoperatively. I have been informed about possible physical, psychological and professional complications in the period after the operation. Furthermore, I was informed about the following possible complications - as with any operation:

- Swelling, secondary bleeding, pain
- Numbness (lip, tongue)
- Injury to the adjacent teeth
- Wound healing disorders
- Failure
- Injury to surrounding structures

Likewise, complications possibly relevant to my personal case were discussed in detail:

**I take "blood thinners"**

No

Yes

**I take "bisphosphonates" (bone-active med/osteoporosis/monthly injection)**

No

Yes

**I am immunosuppressed**

No

Yes

My questions were answered in detail. I do not wish to be informed of any further details, or this was done as far as I wished. I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary extensions and changes. This includes in particular any blood sampling for the production of autologous blood concentrates (PRF procedure for bone regeneration). I have been informed in detail about this and declare my consent. I have been informed that under certain circumstances photographic documentation of my operation will be made and I agree to this.

I was also informed in writing about the expected costs for the procedure (if the costs exceed 1000 CHF) and I agree with this.

I assure that I have mentioned all illnesses and complaints known to me in the medical history form. I have been instructed about the required behavior before and after the procedure, and I have received and understood the corresponding information sheet Rules of Conduct after Surgical Procedures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it.

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

Date of clarification \_\_\_\_\_

\_\_\_\_\_  
Signature patient

\_\_\_\_\_  
Dr. Jens Tartsch