

# declaration of consent



## Informed consent

family name \_\_\_\_\_

first name \_\_\_\_\_

date of birth \_\_\_\_\_

## I give my consent for:

Potential post-surgery complications are light pain, after-bleeding, swelling of cheeks and/or lips, effusions of blood, infection and wound healing disorders. The injection could occur feelings of numbness.

The opening of paranasal sinuses is a risk of operation in the upper jaw. An infection of the paranasal sinuses is really rare.

A damage of the lingual nerve could happen while the operation or because of anesthesia in the lower jaw. As a consequence of the damage, you may have temporarily feeling of numbness or (extremely rarely) a constant feeling of numbness at the concerned half of the tongue and/or lip.

Please visit us immediately by continuing feelings of numbness, after-bleeding, extremely swellings and/or increasing sharp pain the next day or the following days!

I was informed about the opportunity of a necessary DVT diagnostic and the resulting costs.

**All my questions about the operation have been answered. We have discussed the following facts:**

## Before operation, please:

» eat enough and brush your teeth very well

## After operation, please:

» do not eat as long the anesthesia is working

» cool the area of operation, do not rise

» do not do any sports, do not smoke and do not drink alcohol for one week

Halle (Saale), date \_\_\_\_\_

Signature of patient / legal guardian \_\_\_\_\_

Signature of consultant dentist \_\_\_\_\_