



Informed consent In the dental – holistic intervention

Name _____

Vorname _____

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 intervention, as well as its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining.

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 of possible physical, psychological and professional complications in the period after the operation. Furthermore, I was informed about the following possible complications – as with every operation: :

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

Likewise, any complications that might be 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.

Dr. Tartsch explicitly pointed out to me that this intervention leaves the path of orthodox medicine and that it is performed for holistic reasons. This intervention is therefore not scientifically based but is based on the empirical values of complementary medicine. The intervention is therefore also carried out without necessity of orthodox medicine at my express wish.

I agree with the intended measure and method, as well as with 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 photo documentation of my operation may be of my operation and I agree to this.

I was also informed in writing about the expected costs of 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