



Dental implant

Information and consent

Dental Aesthetics · Doctor medic Claudius-Horatius Moldovan · Simonstraße 3, 33106 Paderborn-Elsen · Version: 03/10/2026
English translation of the German form. In case of doubt, the German version applies.

Key points

This form prepares you for your conversation with the dentist. It does not replace it. Please read it at your leisure and note down your questions.

The procedure is carried out under **local anaesthetic**. **No one can promise** that an implant will heal in. You decide for yourself whether to consent, and you can withdraw your consent at any time.

1. Patient and planned procedure

First name and surname: _____

Date of birth: _____ Legal representative (if any): _____

Number of implants: _____ Region / tooth: _____

Additional measures (for example bone augmentation): _____

2. How the treatment works

- An implant is an artificial tooth root. It is placed in the jawbone; for this the gum is opened and a matching site is drilled in the bone.
- The implant then heals in, usually protected under the gum: about 10 to 12 weeks in the lower jaw, about 3 to 6 months in the upper jaw. Healing differs from person to person; further treatment depends on it.
- After healing, the implant is uncovered and fitted with a crown, a bridge or a denture.

3. Alternatives

Instead of an implant, a bridge, a removable denture or leaving the gap untreated may be options, depending on the findings. The dentist will explain the advantages and disadvantages and what it means not to restore the gap.

4. Possible risks and complications

- Swelling, bruising, pain, secondary bleeding and feeling generally unwell in the first few days
- Infection of the wound or the surrounding tissue, delayed healing
- Nerve damage: numbness or tingling of the lip, chin, tongue, cheek or teeth. How long this lasts cannot be predicted; in very rare cases it is permanent.
- Opening of the maxillary sinus in the upper jaw, injury to neighbouring teeth or their roots, fracture of the bone
- Allergic reaction or intolerance to medicines or the anaesthetic; circulatory reaction
- **The implant does not heal in or becomes loose later.** It must then be removed. The dentist will discuss the timing with you.
- Inflammation of the tissue around the implant (peri-implantitis), even years later, with bone loss and possible loss of the implant

5. What you can do yourself

- Careful oral hygiene contributes substantially to success.
- Smoking, heavy alcohol consumption and grinding or clenching can considerably impair healing and long-term retention.
- Check-ups every three to six months and regular professional tooth cleaning are recommended. These services are charged separately.

- Please contact us if you have any problems after the procedure.

If you have heavy bleeding, increasing swelling, fever or lasting numbness, please call the practice: +49 5254 65333. Outside opening hours: dental emergency service 01805 / 98 67 00 (14 cents/min. from a German landline, max. 42 cents/min. from a mobile phone).

6. Costs

Implants are generally not covered by statutory health insurance. The insurer pays a fixed subsidy only towards the denture, crown or bridge attached to the implant. The costs are set out in a **separate treatment and cost plan** and a written agreement, which you receive and sign before treatment begins.

Treatment and cost plan / agreement dated: _____

7. X-rays and photographs

X-rays and photographs needed for the treatment are part of the patient record. The practice does not need consent for this.

Voluntary – independent of your treatment: I consent to the practice using X-rays and photographs of my treatment **without my name and without a recognisable face** for scientific purposes and dental training. Use for advertising, on the website or on social media is excluded. I can withdraw this consent at any time with effect for the future.

☐ yes, I consent ☐ no

8. Consultation

Consultation on: _____ at (time): _____

Dentist providing the information: _____

Particular points in my case, alternatives discussed and my questions (to be completed by the dentist):

9. My decision

The dentist has spoken to me in person about the implant, the procedure, the risks, the alternatives and the consequences of not having treatment. I was able to ask questions and had time to decide without pressure. I can withdraw my consent at any time without any formalities.

☐ **I consent** to the treatment named under 1 with local anaesthetic. This also covers medically necessary extensions that only become apparent during the procedure and cannot be postponed.

☐ I would **like more time** before I decide.

☐ I **decline** the treatment. I have been informed about possible disadvantages for my health.

Copy of this form: ☐ I have received one ☐ I do not want one

Place, date

Patient's signature

Place, date

Signature of the legal representative (if any)

Place, date

Dentist's signature

Information on data protection is given in the practice's "Patient information on data protection". This form becomes part of your patient record.