



Root canal treatment

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.

Root canal treatment is intended to save a tooth that would otherwise have to be removed. **Success cannot be promised.** You decide for yourself whether to consent, and you can withdraw your consent at any time.

1. Patient and planned treatment

First name and surname: _____

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

Tooth: _____ Reason for treatment: _____

Proposed treatment: _____

2. How the treatment works

The tooth is opened under local anaesthetic. The inflamed or infected tissue is removed from the root canals; the canals are shaped with rotary instruments, rinsed and sealed. This may take several appointments. X-rays are taken to check the result. The tooth then needs a tight filling without delay. A crown is recommended, because root-filled teeth break more easily; you will receive a separate treatment and cost plan for it.

3. What success depends on

- the body's defences against infection
- the position, shape and branching of the root canals
- diseases of the tissues supporting the tooth (periodontitis)
- cracks or fractures in the tooth that could not be seen beforehand
- keeping the treatment appointments and having the tooth restored promptly afterwards

It is possible that the tooth will need to be treated again, that surgery on the root tip will become necessary, or that the tooth will have to be removed after all. This may result in further costs. If an old root filling has to be removed and redone (revision), this is often a purely private service.

4. Possible risks and complications

- Fracture of a fine instrument in the root canal; this can jeopardise success and make removal of the tooth necessary
- Perforation: an unintended opening in the crown or root of the tooth
- Rinsing solution or filling material passing beyond the root tip, with pain and swelling
- Damage to existing fillings, crowns or bridges
- Fracture of the tooth, also later on; root-treated teeth are more prone to fracture
- Pain and swelling after treatment, cramping of the chewing muscles, problems with the jaw joint
- From the local anaesthetic and medicines: swelling, bruising, infection, bleeding, paleness, feeling unwell, nausea, dizziness, allergic reaction, numbness or tingling of the lip, gums or tongue (usually temporary); temporarily impaired fitness to drive

5. Alternatives

- **Removal of the tooth.** The gap can then be restored with a bridge, an implant or a removable denture, or left open.
- **No treatment.** The inflammation may then spread; pain, an abscess and loss of the tooth are possible.

6. Costs

For patients with statutory health insurance, the insurer covers part of the cost of root canal treatment. This requires the conditions of the treatment guideline to be met; additional conditions apply to molars. The dentist will tell you whether this is the case for your tooth.

Statutory health insurance only pays for root canal treatment with hand instruments (manual preparation). The practice does not offer this: we perform root canal treatment **with rotary instruments only**. You pay this share yourself. The amount depends on the position of the tooth; molars have more root canals and therefore involve the most work. Whether a private supplementary insurance reimburses it depends on your policy. Before treatment, the practice works out the estimated amount and records it, with the services under the German Dental Fee Schedule (GOZ), in a written agreement:

Tooth: _____ Estimated share (euros): _____

Re-treatment (revision), tooth: _____ Estimated amount (euros): _____

☐ Covered by the insurer, with private additional services under the agreement dated _____

☐ Treatment at my own expense under the agreement dated _____

Person liable for payment (if different): _____

7. 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):

8. My decision

The dentist has spoken to me in person about the root canal treatment, its risks, the prospects of success and the alternatives. 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.