



HD.RB.32 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/2

Dear patient/guardian/guardian,

- Please read this document carefully.
- You have the right to be informed about your medical condition and the treatment and procedures recommended for the treatment of your disease.
- The purpose of these explanations is to inform you about your oral and dental health and to ensure your participation in the treatment process.
- If you have any questions other than those mentioned here, it is our duty to answer them. We are here to help you.
- After you have been informed about the benefits and possible risks of diagnostic procedures, medical and surgical treatments, it is your decision to consent to the procedure.
- If you wish, all information and documents related to your health can be given to you or a relative of your choice.
- If you have literacy problems or if you would like another person of your choice to participate in the process of consenting to the procedures to be carried out on you, you can allow the person you designate to participate as a witness in the interview.
- You can refuse to be informed except in cases of legal and medical necessity.
- You have the right to withdraw your consent at any time. This will not hinder your further treatment in any way. However, legally, this right is subject to the condition that "there is no medical inconvenience". When this happens, a Withdrawal of Informed Consent Form will be drawn up and attached to the back of this document.
- You must inform your physician about existing systemic diseases, allergies, medications and general health status. You are responsible for any concealment or failure to disclose any information.
- In order not to disrupt the order and treatment program of our health institution, please take care to be faithful to your appointments and to arrive on time. If it is not possible for you to come, please cancel your appointment at least 24 hours in advance. If you do not arrive at the appointment time, your appointment may be postponed to another day depending on the intensity of the clinic.
- Information and consent processes for patients who do not have the ability to make decisions regarding diagnosis and treatment, such as unconscious patients, pediatric patients, mentally disabled patients, and patients requiring emergency intervention will be carried out with you.
- You will be responsible for informing and obtaining the consent of disabled persons whose parents or guardians you are, in accordance with their disability status.
- If necessary, you can reach the clinic where you received treatment/procedure during working hours (8.30-16.30) by calling 0246 211 33 49 to reach medical assistance.

**I. INFORMATION**

TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT PLANNING																																																				
<table border="0"> <tr> <td>55</td><td>54</td><td>53</td><td>52</td><td>51</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td> </tr> <tr> <td>18</td><td>17</td><td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> </tr> <tr> <td>48</td><td>47</td><td>46</td><td>45</td><td>44</td><td>43</td><td>42</td><td>41</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td> </tr> <tr> <td>85</td><td>84</td><td>83</td><td>82</td><td>81</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td> </tr> </table>	55	54	53	52	51	61	62	63	64	65	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	85	84	83	82	81	71	72	73	74	75		
55	54	53	52	51	61	62	63	64	65																																													
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																																							
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																																							
85	84	83	82	81	71	72	73	74	75																																													

In teeth broken due to trauma or in cases where the decay has deepened and progressed to the point where it causes inflammation of the living tissue in the tooth, it is aimed to prevent the spread of inflammation to the root area by removing the part of the living tissue infected by the inflammation. If the biologically compatible substance to be used for the healing of the remaining tooth tissue after the removal of the inflamed part of the living tissue is not included in the Health Implementation Communiqué (SUT) list, the fee is charged according to the Public Health Services Sales Tariff Fee List.

**Content of the Treatment:**

**X-rays:** It may be necessary to take X-rays of the oral and/or maxillofacial region at the beginning of treatment, during treatment and after treatment for control purposes. The application is performed by intern students under the supervision of an X-ray technician, research assistant, faculty member and/or research assistant in an X-ray room configured in accordance with the legislation. The number of X-ray examinations and the number of X-rays to be requested are determined by your physician. Protective equipment (lead apron, cervical collar) is worn before the X-ray. There are different types of X-rays, which can be obtained by placing the X-ray film in the mouth and holding it by hand by the patient or the patient's guardian (periapical, occlusal radiography), by the patient biting between the teeth (bitewing radiography) or by rotating an X-ray machine around the patient's head (panoramic).

**Expected benefits of the procedure:** Shows fractures, areas of decay (e.g. decay between teeth) and decay that has developed under existing fillings, which cannot be detected on visual inspection. Shows abnormalities related to the teeth. Provides information about bone loss due to gum disease. Allows visualization of problems in the root canal. It helps to identify pathologies such as cysts and tumors in bone and soft tissue. It enables diagnosis, correct planning of the treatment to be applied and control of the treatments applied. It provides information about the oral-dental-jaw development and growth of children. **Consequences that may be encountered if the procedure is not performed:** Failure to perform the procedure may result in diagnostic difficulties, delayed diagnosis, difficulty and delay in administering the correct treatment, and inability to evaluate the success of the treatment. **Alternative to the procedure:** None. **Complications of the procedure:** The X-rays used in X-rays are harmful to living tissues. For this reason, your doctor will order the minimum number and type of X-rays required for you. Nausea and sometimes vomiting may occur during X-rays. In this case, measures such as rinsing the mouth with cold water and applying local anesthetic spray can be taken. It is necessary to remain still during the procedure. If you move or the film is shifted, the film may come out poorly and need to be retaken.

**Estimated duration of the procedure:** 2-10 minutes. **Points to be considered before and after the procedure and problems that may occur if not observed:** When necessary (in pediatric patients, pregnancy and illness), lead apron and neck collar should be worn. Failure to do so may result in harmful effects of X-rays. Before the X-ray of all teeth, the patient should remove all metal objects from the head and neck area (earrings, hairpins, necklaces, necklaces, glasses, hearing aids, etc.). If these items are not removed, the X-ray image may be distorted. During the X-ray, the patient should remain still and stationary in order not to cause X-ray repetition.

**Vitality test:** It is a test in which the nervous response of the teeth to an external stimulus (cold, hot, electrical, etc.) is evaluated in order to diagnose and plan the treatment correctly. During the procedure, sudden and short-term pain may be felt.

**Expected benefits of the procedure:** The treatment method is determined according to the test result of the teeth. It is ensured that the treatments are controlled.

**Consequences that may be encountered if the procedure is not performed:** The correct treatment method cannot be determined. Control of the treatments cannot be ensured. **Alternative to the procedure:** None. **Complications of the procedure:** A false positive or false negative response may be obtained depending on the condition of the teeth, surrounding tissues and fillings. **Estimated duration of the procedure:** 2-4 minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** It is necessary to remain immobile during the procedure. The physician's instructions must be followed during the procedure. Otherwise, the duration of the procedure may be prolonged, a false positive or false negative response may be obtained and the treatment method may not be determined correctly or the treatments may not be controlled correctly.

**Local anesthesia:** It is the temporary blocking of a certain part of the nerves that transmit sensation in the human body by anesthetic substances. The duration of loss of sensation as a result of local anesthesia used in dentistry varies between 1-4 hours depending on the anesthetic substance used, the area where anesthesia is applied and the age and anatomical structure of the person. The application is performed by the dentist.

**Expected benefits of the procedure:** To prevent pain by numbing the area to be treated during the interventions to be performed and therefore to perform the treatments without the patient feeling pain. **Consequences that may be encountered if the procedure is not performed:** If the procedure is not performed, the patient may experience pain of varying intensity depending on the type of treatment. **Alternative to the procedure:** Sedation or general anesthesia.



HD.RB.32 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 2/2

**Complications of the procedure:** A temporary loss of consciousness called syncope (fainting) may occur due to fear, excitement or hunger. Difficulty in opening the mouth called trismus may occur, which resolves spontaneously within 2-3 weeks. Pain or edema may occur during anesthesia. Pain or bruising may occur at the injection site (up to 1 week). Side effects such as facial paralysis (temporary facial paralysis), temporary strabismus, temporary blindness, muscle weakness, difficulty swallowing, numbness of the earlobes, nose and tongue, swelling or discoloration of the face may occur due to the nerves adjacent to the anesthetized area. Topical anesthesia can be used to reduce the child's sensation of stinging, aching and pain from the needle. These will recover completely after the anesthetic effect (numbness) wears off. If the patient scratches, bites or chews on the anesthetized area, it may cause a self-inflicted wound. Sometimes the anesthesia may not provide the desired numbness and may need to be repeated. Although very rare, allergic reactions (angioneurotic edema, anaphylactic shock, redness and skin rashes, etc.) may occur, affecting all tissues and organs in the body. When these possible side effects occur, life-saving medications such as antihistamines, adrenaline, cortisone and emergency medical intervention are administered to the patient by the responsible physician and Code Blue team. **Estimated duration of the procedure:** 2-4 minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** Any systemic disease or allergic condition or medication use must be told to the doctor who will perform the procedure. Failure to tell the doctor may result in allergic reactions or side effects that can be life-threatening. Do not be too hungry or too full; otherwise, the effect of anesthesia (drowsiness) may be aggravated, fainting and vomiting may occur.

**Amputation treatment and filling:** It is the process of removing the part of the infection in the living tissue where the infection progresses and filling the loss of material in the tooth tissue due to decay and fracture with filling material (amalgam, composite, glass ionomer, etc.) in teeth broken due to trauma or in cases where the decay has deepened and progressed to cause inflammation of the living tissue inside the tooth. Depending on the type of intervention, decayed tooth tissue is removed with the help of hand tools (excavator, enamel chisel), low-speed hand tool (anguldruva) or water-cooled high-speed hand tool (aerator). Some of the living tissue (pulp) inside the tooth is removed. If it is determined at this stage that the inflammatory condition has progressed to the root of the tooth, your dentist will inform you about a change in the treatment plan. In cases where the treatment plan proceeds as envisaged, biologically compatible materials are placed after the removal of the living tissue to heal and repair the remaining tooth tissue. The tooth is then restored with filling materials such as compomer/composite/glass ionomer cement/zinc oxide ojenol cement or crowns.

**Expected benefits of the procedure:** Decayed teeth are treated, eliminating complaints such as pain and preventing tooth loss by preventing tooth extraction. Aesthetic defects and loss of material in the teeth are corrected. **Consequences that may be encountered if the procedure is not performed:** Decay-related loss of material in the affected tooth may progress, leading to the need for root canal treatment or even extraction. **Alternatives to the procedure:** There is no alternative to amputation. **Complications of the procedure:** If the child's compliance with the physician is disturbed during the removal of the decayed tissue, amputation treatment and subsequent filling, cuts may occur on the tongue, lips and cheeks due to working with sharp instruments. After the procedure, depending on the size of the decay, fracture of the remaining tooth tissue, bleeding in the gingiva, necrosis or burns in the gingiva and mouth, tooth discoloration, fall of the filling, cold-hot sensitivity, pain, perforation of the hard tissue base between the tooth roots due to hand tools or decay, If the treatment is unsuccessful, the tooth may need to be extracted, allergic reactions due to the drugs used, swallowing of the filling material or getting into the respiratory tract, if the inflammation progresses more than anticipated, the treatment may turn into root canal treatment or extraction according to the criteria determined by the physician. **Estimated duration of the procedure:** 40 minutes. **Points to be considered before and after the procedure and problems that may occur if not taken into consideration:** Ensuring oral care before the procedure is important for the success of the filling to be applied. After the procedure, food can be eaten after the anesthesia effect (drowsiness) wears off. There may be tingling and heat sensitivity; when a temporary filling is applied, you should re-apply to the clinic in case the filling breaks or falls out. In the absence of adequate oral care, amputated and filled teeth may re-carries. If hard foods are eaten, the fillings can break and become more susceptible to food debris adhesion, so that these teeth are at risk of fracture and decay. Swelling and pain may occur in the amputated tooth, in which case you should contact your dentist. Since amputated teeth require regular follow-up, you should attend regular appointments for clinical and x-ray evaluation at intervals determined by your dentist.

Date:  
Physician responsible for the patient:  
Name-Surname:  
Signature:

Faculty member responsible for the patient:  
Name-Surname:  
Signature:

**CONSENT (PERMISSION, CONSENT)**

I, the undersigned/guardian of the patient.....  
I have been informed by Dentist ..... about the diagnosis and treatment planning, alternative treatments, results, undesirable side effects, and I have understood. I have accepted the treatment to be applied.  
I have been informed, understood and accepted that the planning may change with new situations that may arise during/during the treatment. I have been informed, understood and accepted the possible risks that may arise if the treatment is not applied, cost calculations according to alternative applications of the treatment, and that consultation from other physicians may be requested if deemed necessary.  
I have been informed that treatment services are provided by appointment in the clinic of the Department of Pedodontics for patients other than emergencies (fractures and injuries in the mouth, teeth, jaw area, facial swelling), patients requiring special care (disabled), patients with life-threatening systemic diseases as determined by the first examination physician.  
All questions I wondered about my treatment/guardian's treatment were answered. It was explained to me that attending the appointments without fail and following the recommendations and practices of the physician regarding the treatment can directly affect the results of the treatment. I was told, understood and accepted that the success of the treatments would depend on me, that I should clean my mouth at home and follow the recommendations, that I should fulfill the recommendations regarding harmful habits that should be abandoned, and that I should use the prescribed medications in the doses and durations in accordance with the prescription.  
I have been told, understood and accepted that the treatments to be applied aim to protect oral and dental health, medical services will be carried out with care, but the result cannot be guaranteed in medical procedures. I have been informed in detail about patient rights and responsibilities, physician rights and obligations. I am aware that Süleyman Demirel University Faculty of Dentistry is an educational institution and that trainee dentists and specialty students work here. I hereby give permission to Süleyman Demirel University Faculty of Dentistry faculty members, dentists and trainee dentists to perform oral dental examination, diagnosis and treatment of the individual whose parent/guardian I am. I give permission to take photographs and use my medical records during the intervention/treatment to be applied to me, provided that the identity information is kept confidential and used only for educational and research purposes..... (Write "I give" or "I do not give" in your handwriting.  
Dear Patient, You have the right to be informed about your health condition and the benefits/harms, risks and alternatives of the proposed diagnostic or therapeutic procedures; to accept or partially/completely refuse the treatment; and to stop the procedures at any stage! This document, which we want you to read and understand, has been prepared not to scare you or to keep you away from medical practices, but to inform you, to determine whether you consent to these practices and to obtain your consent. This consent form consists of 2 pages and has been prepared in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Criminal Code No. 5237, and one copy has been given to the patient/patient's legal representative.

The treatment of my disease has been explained to me and I have read and understood this form. I agree to the treatment.  
(Note: This statement will be printed below in the patient's/relative's own handwriting)

Patient's / Relative's / Guardian's  
Name Surname:.....  
Date:.....  
Time:.....  
Signature:

Informing Physician  
Name Surname:.....  
Date:.....  
Time:.....  
Signature/Stamp: