

This form, which we want you to sign, is intended to provide information about your treatment and known risks. Please read carefully and do not hesitate to ask your doctor about anything you do not understand before signing.

Your diagnosis / Pre-diagnosis:

What is an Implant?

Dental implants are an application of contemporary dentistry. Today, implants made of titanium, similar to the root form, are placed in the jaw bones and prostheses are planned to replace the lost teeth. The successes of implant treatment have been demonstrated by scientific studies with long-term follow-up. Accordingly, implants with sufficient number, diameter and dye placed with an atraumatic surgical procedure carry a prosthesis designed according to appropriate conditions

after a sufficient recovery period with a high success of 99% in a 10-year period. This rate is very high and reassuring compared to other treatments of dentistry. However, this success occurs if the qualification criteria mentioned briefly mentioned above are followed. In the rest of this article, possible failures, complications and solutions will also be discussed.

Alternative Treatments

Alternative treatment options for implant-supported dentures can be found. However, since there are variable factors such as the number of lost teeth, the type of remaining teeth, their location and their health, the appropriate prosthesis options to be recommended to each person will be different. Your missing teeth can be compensated with classical methods. Your doctor will tell you the options, advantages and disadvantages that are suitable for you.

Implant Treatment

Implants are surgically placed inside the jawbone. An incision is first made on the soft tissue in the area where the implant will be placed. The bone is exposed and the implant nest is prepared with special tips. Then the implant nail is placed in this slot opened in the jawbone, the gum is closed with stitches. It is usually left to recover for 2–4 months or longer if necessary. After the recovery period, with a second surgical procedure, the implant is opened and the parts to support the prosthesis are attached. The next stage is the construction of prostheses.

Although many detailed examinations are performed to determine the height, width and suitability of the bone before surgery, insufficient or irregular bone shape may be encountered during the implant placement. In such cases, bone grafting and some additional surgical procedures may be required. If bone grafting or additional surgical procedures are performed, the estimated treatment time may be extended.

The success of implant treatment depends on many factors. Before implant surgery, all periodontal treatments of the patient must be completed and the patient must have good oral care. In addition, there are some factors related to the patient that reduce the success of implant treatment. Examples of these are diabetes, excessive alcohol consumption, smoking, some mental disorders, blood diseases, immune system disorders, cortisone use and radiation therapy.

Careful and appropriate care to be applied to that area after the operation, brushing the toothed areas in the mouth, gargling and compliance with all the hygiene rules recommended by your doctor are of great importance for the success of the treatment.

Possible Surgical Problems

As with all surgical procedures, some complications may occur in implant surgery. These are; bruising, swelling, bleeding, infection, difficulty opening the mouth, numbness in the tissues, tingling or sensory changes after the operation. In addition, risks such as damage to the neighboring tooth, sinus damage to the upper jaw and the base of the nose can be seen. Again, due to the rare complications, it may be necessary to remove the implant due to the inability to connect with the bone.

Maintenance and Follow-up in Implant Use

The long-term success of implant treatment depends on taking great care of oral hygiene and your compliance with the personalized care program prepared by your doctor. You should take care that your motivation is always at the highest level during and after the entire treatment period. You should not neglect these routine visits for the control of your patient care program for certain periods planned by your doctor. Between these periods, you are responsible for your plaque control and oral hygiene. Take care to cooperate with your doctor.

In the light of all this information:

- I have understood that the aim of this treatment is to treat the problem caused by tooth loss in my jaw and to increase my chewing effect.
- If this treatment is not applied, I have understood that my jawbone may melt rapidly in areas with tooth loss and this may create retention, function and aesthetic problems in the use of classical total and partial prostheses in the coming years.
- I have understood that possible surgical risks exist in implant treatment and that the risks herein include the following items:
 - Swelling, pain, bleeding and bruising after the operation
 - Infectious condition that requires additional treatment
 - Sensory nerves can be damaged and this can create temporary/permanent numbness
 - Ocasing situations that require removal of the implant
- I have understood that unforeseen conditions may occur during implant treatment and that pre-planned procedures may need to be expanded and changed.
- I have understood that postoperative care and follow-up are very important in the success of dental implants.

- I have understood the importance of the information I will give about my health history, my current general health condition, and the problems I have experienced during my medical and dental treatments before.

- I was informed about the Implementation Communiqué published by the Social Security Institution (SGK) for the relevant treatments. I was informed that the invoices for the items that SGK does not pay for the material to be used during the surgical and prosthetic stages of this treatment should be paid by me.

- During my treatment, I was informed that additional expenses that may need to be used due to unpredictable changes should be covered by me.

I ACCEPT THAT I HAVE READ AND UNDERSTOOD THIS FORM REGARDING IMPLANT TREATMENT AND THAT ALL MY QUESTIONS HAVE BEEN ANSWERED. MY APPROVAL ON EACH PAGE OF THIS FORM AND THE FOLLOWING SIGNATURE CERTIFY THAT I ALLOW THE IMPLEMENTATION OF SURGICAL PROCEDURES REQUIRED FOR IMPLANT PLACEMENT.

Used Implant (Brand, Height, Diameter) : Biomaterial Used (Type, cc, Size): Surgical Consultant

Prosthetic Consultant

APPROVAL

A detailed examination of my entire mouth was done. In addition, in the relevant departments, what oral and dental disease is, why treatment is needed, the risks it contains, problems that may occur, alternative methods, changes that may occur after treatment, the possibility of success and the situations that may occur in the recovery process were explained.

During the diagnosis and treatment of the dentist; It has been explained to me that other physicians can be consulted and that they can participate in the treatment process, that the trainee dentists will participate in the diagnosis and treatment, that they will work under the supervision of assistants and faculty members, that my anamnesis information and radiological images, photos, examination results (pathology report, laboratory results, etc.) can be used for diagnosis, scientific, educational or research purposes, that local anesthesia can be applied as a part of these procedures during the diagnosis method, intervention or treatment, that the appointments given without interruption and compliance with the recommendations and practices of the physician regarding treatment can directly affect the treatment results.

Dear Patient, You have the right to be informed about your health status and the benefit/damage, risks and alternatives of the treatment procedures recommended to you; to accept or partially/ completely reject the treatment; to stop the procedures to be taken at any stage!

This document, which we want you to read and understand, is not intended to scare you or keep you away from medical practices, but to determine whether you consent to these practices by informing you and to get your approval.

This approval form consists of 2 pages, prepared in 2 copies in accordance with Articles 70 of the Law No. 1219 and 26 of the Turkish Penal Code No. 5237, and one copy was given to the patient/ legal representative of the patient.

THE TREATMENT OF MY DISEASE WAS TOLD TO ME AND I READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT (Note: This statement will be written below in the patient's/ relative's of the patient OWN HANDWRITING

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