



HD.RB.41 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO:1/2

File Number:

BARCODE

Patient Name and Surname:

- 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 responsibility 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 our health institutions appointment system and treatment program, 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 availability 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/procedures during office hours (8.30-16.30) by calling 0246 211 33 49 for medical assistance.

1.INFORMATION

TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT PLANNING																																																				
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With crown treatment; It is aimed to restore function to teeth in cases where there is not enough tooth tissue to fill, in diseases affecting dental structures, or after trauma. For these procedures, which are not included in the Health Practice Communiqué (HPT), charges are made according to the Public Health Services Sales Tariff Price List.

Content of Treatment:

X-ray: It may be necessary to take x-rays of the mouth and/or jaw and face area 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. Your physician determines the number of x-ray examinations to be requested. Protective equipment (lead apron, neck collar) is worn before the x-ray. There are different types of x-rays obtained by placing the x-ray film inside the mouth, holding it manually by the patient's guardian or himself (periapical, occlusal radiography), biting it between the teeth by the patient (bitewing radiography), or by rotating an x-ray device around the patient's head (panoramic).

Expected benefits from the transaction:It enables the detection of fractures and rotten areas (for example, cavities between teeth) and cavities developing under existing fillings, which cannot be detected during visual examination. It indicates abnormalities related to teeth. It provides information about bone loss caused by gum disease. It allows visualization of problems in the root canal. It is helpful in identifying pathologies such as cysts and tumors in bone and soft tissue. It ensures that the diagnosis is made, the treatment to be applied is planned correctly, and the treatments applied are controlled. It provides information about the development and growth of children's mouth-tooth-jaw. **Consequences that may be encountered if the procedure is not applied:** If it is not applied, diagnosis may be difficult, diagnosis may be delayed, application of the correct treatment may be difficult and delayed, and the success of the applied treatment cannot be evaluated. **Alternative to the procedure:** None. **Complications of the procedure:** The X-ray used in X-ray shooting is harmful to living tissues. For this reason, your doctor will request the minimum number and type of x-rays required for you. Nausea and sometimes vomiting may occur during x-rays. In this case, precautions 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 the film is moved or shifted, the film may turn out bad and be reshot. **Estimated duration of the procedure:** 2-10 minutes. **Points to be taken into consideration before and after the procedure and problems that may occur if care is not taken:** In necessary cases (child patients, pregnancy and illness cases), lead apron and neck collar should be used. If not used in specified situations, harmful effects of X-ray may occur. Before taking an x-ray showing all teeth, the patient should remove all metal items (earrings, buckles, necklaces, glasses, hearing aids, etc.) from the head and neck area. If these items are not removed, the x-ray image may be distorted. During x-rays, you should stay still to avoid repeating of the x-rays.

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

Expected benefits from the transaction:The treatment method is determined according to the test results of the teeth. Control of the treatments performed is ensured. **Consequences that may be encountered if the procedure is not applied:** The correct treatment method cannot be determined. Control of the treatments provided cannot be ensured. **Alternative to the procedure:** None. **Complications of the procedure:** False positive or false negative answers may be received depending on the condition of the teeth, surrounding tissues and fillings. **Estimated duration of the procedure:** 2-4 minutes. **Things to consider before and after the procedure and problems that may occur if you do not pay attention:** It is necessary to remain still during the procedure. The doctor's instructions must be followed during the procedure. Otherwise, the processing time 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 area of the nerves that transmit sensation in the human body with anesthetic substances. Duration of loss of sensation resulting from local anesthesia used in dentistry; It varies between 1-4 hours depending on the anesthetic agent used, the area where anesthesia is applied, and the person's age and anatomical structure. The application is made by the dentist.

Expected benefits from the transaction:The aim is to prevent pain by anesthetizing the area to be treated during the interventions and therefore to treat the patient without feeling any 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 performed. **Alternative to the procedure:** Sedation or general anesthesia. **Complications of the procedure:** 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 will resolve spontaneously within 2-3 weeks. Pain or edema may occur during anesthesia. Pain or bruising may occur at the



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injection site (up to 1 week). Side effects such as facial paralysis (temporary facial paralysis), temporary strabismus, temporary blindness, muscle weakness, difficulty swallowing, earlobe, nose and tongue numbness, swelling or facial discoloration may occur due to the nerves adjacent to the anesthetized area being affected. By applying topical anesthesia, the child's sensations such as stinging, pain and suffering due to the needle can be reduced. These resolve completely when the effect of anesthesia (drowsiness) wears off. If the patient scratches, bites or chews the anesthetized area, he or she may create a self-inflicted wound. Anesthesia may sometimes not provide the desired numbness and in this case it may need to be repeated. Although very rare, allergic reactions affecting all tissues and organs in the body (Angioneurotic edema, Anaphylactic shock, rash and skin rashes, etc.) may occur. When these possible side effects occur, life-saving medications such as Antihistamine, Adrenaline, Cortisone and emergency medical intervention are administered to the patient by the responsible physician and the Code Blue team. **Estimated duration of the procedure:** 2-4 minutes. **Things to consider before and after the procedure and problems that may occur if care is not taken:** If there is any systemic disease, allergic condition or medication use, the doctor who will perform the procedure should definitely be informed. When such situations are not mentioned, life-threatening allergic reactions or side effects may occur. One should not be too hungry or too full; Otherwise, the effect of anesthesia (drowsiness) may worsen and situations such as fainting and vomiting may occur.

Crown application: Depending on the type of intervention, carious tooth tissue is removed with the help of hand tools (excavator, enamel chisel), low-speed handpiece or water-cooled high-speed handpiece. After the decayed tooth tissue is removed or the remaining tooth structure in broken and/or structurally damaged teeth is shaped, the tooth is restored by bonding the crowns available in the market or the crowns prepared in the laboratory following the measurement.

Expected benefits from the transaction: It is expected to restore function to the tooth, prevent further damage or wear of the tooth, improve the aesthetic appearance, and help chewing. **Consequences that may be encountered if the procedure is not performed:** Material loss or progression and aggravation of the fracture, inflammation of the tooth may occur and tooth extraction may be necessary. Orthodontic problems may occur due to tooth loss, and the aesthetic appearance deteriorates. Abrasions may occur in structurally damaged teeth and decreases in the patient's jaw height, deteriorating the aesthetic appearance.

Alternative to the procedure: There is no alternative to crown treatment. As the most remote alternative, extraction and, depending on the age of the patient, implant and/or prosthetic treatment may be considered. **Complications of the procedure:** If the child's compliance with the physician is disrupted during the bonding of the crowns, they may be swallowed or enter the trachea. In children with adaptation problems; If the crowns are placed high, pain may be felt in the joint area, and if the crown edges cannot be adjusted, it may cause inflammation in the gums. Allergic reactions may occur depending on the type of crown used. Crowns may fall or break when biting on hard foods after the bonding process. Pain, sensitivity and swelling may occur in teeth where crowns are made. In these cases, you should consult your doctor. **Estimated duration of the procedure:** 45 minutes. **Points to be considered before and after the procedure and problems that may occur if care is not taken:** Patients should not consume food and drink for 1 hour after the bonding procedure. The patient must protect the treated tooth from excessive forces. Situations such as sensitivity-allergy development to the crown material used, the crown falling off, being swallowed, or escaping into the respiratory tract may be encountered. If such a situation occurs or if the crown breaks, the crown falls off, or sensitivity occurs in the teeth and gums, a physician should be consulted. The success of the treatment is directly related to patient compliance. Long-term treatment will be ensured by brushing the teeth regularly and following the doctor's recommendations. It is necessary to control the treatments performed every three months. Crowns need to be renewed and/or replaced following the growth and development period of the pediatric patient.

Date:

The physician responsible for the patient

Name-Surname:

Signature:

The faculty member responsible for the patient

Name-Surname:

Signature:

2. CONSENT (PERMISSION, CONSENT)

I/the undersigned guardian of the patient,

Dentist..... I have been informed about the diagnosis and treatment planning, alternative treatments, results, unwanted side effects, I have been informed about, understood and accepted the treatment to be applied. I have been informed about the possible risks that may arise if the treatment is not applied, cost calculations according to alternative treatments, consultation from other physicians may be requested if deemed necessary, I have been informed about, understood and accepted. I was 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 the treatment of my treatment/guardian 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 explained, understood and accepted that the success of the treatments to be performed depends on me, that I should follow the oral cleaning and recommendations at home, that I should fulfill the recommendations regarding harmful habits that should be abandoned, and that I should use the medications in the prescriptions to be prescribed in the doses and durations appropriate to the recipe. I was explained, understood and accepted that the treatments to be applied aim to protect oral and dental health, that medical services will be carried out with care, but that the result cannot be guaranteed in medical procedures. I was 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 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 (Write "I give" or "I do not give" in your handwriting.) 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 education and research purposes.

(*) Legal Representative: For minors and/or incompetent persons, the informed consent of the parent or guardian is required.

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 reject 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 Law (No. 5237), and one copy has been given to the patient/patient's legal representative.

THE TREATMENT FOR MY DISEASE HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT 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

.....
THE PHYSICIAN PROVIDING THE INFORMATION

NAME SURNAME :

DATE:

TIME:

SIGNATURE/STAMP