



HD.RB.59 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/3

Dear:(Patient Name Surname):.....(Date of Birth):.....(Turkish ID Number):.....

This form asks for your medical and dental history and some personal information. You have the right to be informed about the treatment and procedures to be carried out. The form also contains information about the procedures to be performed in the clinics where you will be treated. The purpose of these explanations is to inform you and ensure your participation in the treatment process in order to improve and protect your oral dental health. After you have learnt the benefits and possible risks of the treatment and procedures, it is up to your decision to consent to the procedure.

Name Surname

Tel:

Email Address:

Gender:

Contact person in case of emergency:

The patient's legal representative:

(Legal Representative: Guardian for those under guardianship, parents or 1st degree legal heirs for minors. Please indicate the degree of closeness next to the name of the patient's relative).

Name Surname:..... Tel No:.....

In order to inform you and to obtain your consent to start your treatment, you must read this form, fill in the sections at the end and sign it. Thank you for your participation and your time.

RECOMMENDED TREATMENT

Crown (Veneer)-Bridge Removal

To be implemented

TOOTH TO BE TREATED	DIAGNOSIS	PLANNED TREATMENT
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		

Crown or Bridge Prostheses may need to be removed for the following reasons.

- To detect tooth decay or other similar problems that cannot be seen by intraoral examination or radiological examination (dental film) while your crown or bridge is in your mouth
- In order to perform your dental treatments (such as filling, root canal treatment, tooth extraction, gum treatment, etc.) that cannot be performed without removing your crown or bridge in a healthy way
- In cases requiring replacement or repair of your existing crown or bridge (such as holes, fractures, deterioration of gum health)
- If the crown or bridge has to be removed and re-bonded (e.g. in cases of multi-membered bridges, partial separation of the bridge from the teeth to which it is bonded, incorrect bonding of the crown or bridge, etc.)

INTRAORAL Radiographic Examination

To be implemented

At the beginning of treatment, during treatment and after treatment for control purposes, it may be necessary to take an intraoral X-ray of the tooth / surrounding tissues in order to examine the tooth and surrounding tissues in detail. The procedure is performed by placing the X-ray film inside the mouth. In case of pregnancy, X-rays are not taken except in emergencies and in cases where it is necessary to take X-rays, the patient is provided with a minimum dose of X-rays by wearing a lead apron.

What is expected from radiographic examination: Detailed examination of the complaint area to determine the tooth or bone area causing the complaint. **If radiographic examination is not performed:** The cause of the complaint may not be determined accurately. If control radiographs are not taken after treatment, the success of the treatment cannot be evaluated.

Possible risks The patient's nausea reflex may be triggered during X-ray filming, resulting in nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

Extraoral Radiographic Examination

To be implemented

X-rays of the maxillofacial region may be required at the beginning of treatment, during treatment and after treatment for control purposes in order to examine the teeth and surrounding tissues in detail. The procedure is performed by positioning the X-ray film outside the mouth. In case of pregnancy, X-rays are not taken except in emergencies, and in cases where they are required, the patient is provided with a minimum dose of X-rays by wearing a lead apron.

What is expected from radiographic examination: Detailed examination of the complaint area to determine the tooth or bone area causing the complaint. **If radiographic examination is not performed.** The cause of the complaint may not be determined accurately. If control radiographs are not taken after treatment, the success of the treatment cannot be evaluated.

Possible risks: Since it is necessary to remain motionless for at least 20 seconds during the procedure, if you move, the film may come out badly and may need to be retaken. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

TREATMENT and PROCEDURES

Local Anaesthesia

To be administered

administered

Local anaesthesia is applied to provide pain control during treatments. If necessary, the inner part of the gum or cheek is first numbed with a topical anaesthetic (spray). **What to Expect from Anaesthesia** Anaesthetic liquid is injected with an injector and the tooth and the area where it is located are numbed for a while. After 2-4 hours, the effect of the anaesthetic disappears.

In the absence of local anaesthesia, the procedure either cannot be performed because it would be too painful or it is performed under a more complicated procedure/sedation. **Possible Risks** Allergic reactions, loss of sensation, bleeding, transient muscle spasms, transient facial paralysis may occur in the patient after local anaesthesia, although rare. anaesthesia may fail if there are anatomical differences or acute infections in the area. The locally anaesthetised area is numb for approximately 2-4 hours. For this reason, eating and drinking is not recommended until the numbness disappears to prevent the formation of wounds on the inside of the cheek and lip due to biting.



SÜLEYMAN DEMİREL ÜNİVERSİTESİ
DİŞ HEKİMLİĞİ FAKÜLTESİ



**CROWN (VENEER)-
BRIDGE REMOVAL
INFORMED CONSENT**

HD.RB.59

YT:14.01.2015

REV.NO:01

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S.NO: 23



CROWN (VENEER)- BRIDGE REMOVAL INFORMED CONSENT

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Problems and Risks that may be encountered:

- **Cracks or fractures in crown/bridge prostheses:** During the removal of crowns or bridges, there is a high risk of fractures or cracks in your prosthesis, even if your dentist is as careful as possible. Your dentist is not responsible for any damage caused to your prosthesis as a result of crown and bridge removal. In case your prosthesis needs to be repaired or reconstructed, if you are outside the prosthesis expenses coverage periods determined by your health insurance and SSI, all financial responsibility belongs to you.
- **Cracks or fractures in teeth from which crowns/bridges have been removed:** During the removal of your crown or bridge prosthesis, even if your dentist works as carefully as possible, there is a risk of fractures or cracks in the teeth involved, depending on the force or pressure applied. This may require filling or root canal treatment, and in some cases even extraction.
- **Traumatisation of the tooth and surrounding tissues:** The force or pressure applied during crown/bridge removal may cause trauma to the supporting teeth. In such cases, root canal treatment is required. Depending on the instruments used for crown/bridge removal, injuries to your gums, tongue or surrounding tissues may occur.
- **Inability to remove crown/bridge prostheses:** In some cases, your prosthesis cannot be removed with the tools used for crown/bridge removal. In such cases, your crown or bridge must be cut out. This process renders your prosthesis unusable again. Your dentist is not responsible for any damage to your prosthesis during this procedure. In the event that your prosthesis needs to be reconstructed, you bear full financial responsibility.
- **Extraction (complete or partial removal) of a support tooth during the removal of crown/bridge prostheses:** In some cases, for example if your teeth in the crown or bridge are loose or have lost their support from the surrounding bone, your teeth may partially or completely come out of the embedded bone during the removal of your prosthesis. In this case, your fixed and, if applicable, removable prosthesis will need to be reconstructed. In cases where your prosthesis needs to be reconstructed, all financial responsibility belongs to you.

If the recommended treatment is not followed: Different complications may occur depending on the cause of crown bridge removal. For example, pain in the teeth, swelling, difficult to treat problems in the gums, gingival recession may occur. You should consult your dentist about this issue.

Things to consider after treatment: Your crowns or bridges, which have been removed without any damage, should be re-glued at the end of your treatment in accordance with your physician's recommendations. In some cases, your physician may also ask you to renew your prosthesis depending on the treatment applied (such as root canal treatment, extraction) and the change in your prosthesis planning. In cases where your prosthesis is not re-glued or you do not have your prosthesis renewed, conditions such as sensitivity, pain, decay and movement of your teeth (elongation, slippage, etc.) occur in the long term.

Special Cases: You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone on 0246 211 3352 or by visiting.

APPROVAL

My whole mouth was examined in detail. In addition, in the relevant sections, the physicians explained what oral dental disease is, why treatment is needed, the risks involved, the problems that may occur, alternative methods, changes that may occur after treatment, the possibility of success and the situations that may occur during the healing process.

During the dentist's diagnosis and treatment ;

Consultation may be requested from other physicians and they may be involved in the treatment process,

Trainee dentists will participate in diagnosis and treatment and work under the supervision of assistants and faculty members,

Oral, Dental and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians can take films,

My anamnesis information and radiological images, photographs, examination results (pathology report, laboratory results, etc.) can be used for diagnostic, scientific, educational or research purposes by keeping my identity information confidential,

During the diagnostic method, intervention or treatment, local anaesthesia may be applied as part of these procedures, attendance to the appointments given without delay and compliance with the physician's recommendations and practices regarding the treatment may directly affect the treatment results,

It was explained to me.

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 frighten 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 issued in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Penal 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 written below in the patient's/relative's **OWN HANDWRITING**).

PATIENT'S/RELATIVE'S/GUARDIAN'S

FULL NAME :.....

DATE:

TIME:.....

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME.....

DATE:.....

CLOCK:.....

SIGNATURE/SIGNATURE