



HD.RB.38 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022

Dear patient/parent/guardian,

- Please read this document carefully.
- It is your natural right to be informed about your medical condition and the treatments and procedures recommended for the treatment of your disease.
- The purpose of these explanations is to inform you about issues related to your oral and dental health and to ensure your participation in the treatment process.
- If you have questions other than those mentioned here, it is our duty to answer them. We are here to help you.
- It is your decision to approve the procedure after learning the benefits and possible risks of diagnostic interventions, medical and surgical treatments.
- If you wish, all information and documents regarding your health can be given to you or a relative you deem appropriate.
- If you have reading and writing problems, or if you want another person you designate to participate in the process of authorizing the transactions to be performed on you, you can allow the person you designate as a witness to participate.
- 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 disrupt your future treatment in any way. However, from a legal perspective, this right is subject to the condition that "there is no medical problem". When this happens, an Informed Consent Withdrawal Report will be prepared and attached to the back of this document.
- You must inform your physician about existing systemic diseases, allergies, medications used and general health condition. You are responsible for hiding or not disclosing any matter.
- In order not to disrupt the order and treatment program of our health institution, be careful to stick to your appointments and arrive on time. If you are not able to come, please cancel your appointment at least 24 hours in advance. If you do not arrive at your appointment time, your appointment may be postponed to another day depending on the clinic's busyness.
- Information and consent processes will be carried out with you for patients who are unconscious, pediatric patients, mentally disabled patients, who do not have the ability to make decisions regarding diagnosis and treatment, and patients who require urgent intervention, for whom you are the parent or guardian.
- The processes of informing and obtaining consent of the disabled people of whom you are a parent or guardian in accordance with their disability status will be carried out with you.
- To get medical help when necessary, you can call 0246 211 33 49 during working hours (8.30-16.30) to reach the clinic where you received your treatment/procedure.

1. INFORMATION

TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT PLANNING
55 54 53 52 51 61 62 63 64 65 <u>18 17 16 15 14 13 12 11</u> 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		

Clinical and x-ray examinations of patients applying to the clinic are performed, necessary treatments are determined and treatment planning is made.

Content of Treatment:

Examination: It consists of extra-oral and intra-oral evaluations, the patient's health status is questioned, any diseases, syndromes, etc. are examined. It is learned, past medical and dental history is questioned, photographs are taken and recorded when necessary. During the extraoral examination of the patient, the physical and physiological condition, growth and development are evaluated according to age group. Functions such as walking and speaking, the shape of the head and face, eyes, nose, hands, nails and skin are examined by the inspection method. Lips; After observing the size, shape, color and surface structure, it is examined using the thumb and index finger. Mouth opening, jaw movements, swelling and asymmetry are evaluated. Lymph nodes under the jaw, under the tongue and in the neck are examined. In intraoral examination; Swelling and asymmetry in the jawbone, color, shape, consistency change and presence of lesions in the gums, palate, tongue, floor of the mouth and soft tissues are examined. Shapes, colors, sizes, alignments, closure of teeth, lack or excess in number according to age range, and decay, loss, filling, inflammation, etc. in teeth. existence is evaluated. The examination begins with the patient entering the clinic and continues in the patient's chair, under light, using a mirror and probe.

Expected benefits from the transaction: Through examination, previously undiagnosed medical or dental diseases/syndromes can be diagnosed. Treatment planning can be made by determining the current situation in the mouth and the treatments needed. Dental and orthodontic problems can be identified and treated. **Consequences that may be encountered if the procedure is not performed:** If it is not performed, existing diseases and dental conditions may not be diagnosed. Administering the correct treatment may be delayed or difficult. **Alternative to the procedure:** None. **Complications of the procedure:** None. **Estimated duration of the procedure:** 10 minutes. **Points to be considered before and after the procedure and problems that may occur if care is not taken:** If the patient whose parent or guardian is not prepared behaviorally for the examination, the examination may not be performed or completed. If the examination cannot be completed or you do not follow the treatment plan determined by your physician, the examination may need to be repeated. If you do not follow the treatment plan and recommendations determined by your doctor, your child's existing problems may progress; Dental and orthodontic problems and tooth loss may occur.

X-ray: It may be necessary to take x-rays of the mouth and/or jaw and face area at the beginning of the treatment, during the treatment and after the 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 in the mouth, holding it 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 of the procedure:** It enables the visualization of fractures and decay areas that cannot be noticed during visual examination (for example, cavities between teeth) and cavities developing under existing fillings. 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 can be planned correctly, and the applied treatments 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



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evaluated. **Alternative to the procedure:** There is no. **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 remain motionless to avoid repeating 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 diagnosis and plan the treatment to be applied correctly. 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, false positive or false negative answers may be obtained, and the treatment method may not be determined correctly or the treatments may not be controlled correctly.

Date:

The physician responsible for the patient

Name-Surname:

Signature:

Faculty member responsible for the patient

Name-Surname:

Signature:

2. CONSENT (PERMISSION, CONSENT)

I, the undersigned/the patient's guardian.....,

Dentist I was informed and understood about the diagnosis and treatment planning made by ..., alternative treatments, results and undesirable side effects. I accepted the treatment to be applied.

It was explained to me that the planning may change due to new situations that may arise during/during the treatment period, I understood and accepted it. I was 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 the possibility of requesting consultation from other physicians if deemed necessary.

Treatment services are provided by appointment at the Department of Pedodontics clinic for patients other than emergencies determined by the first examination physician (fractures and injuries in the mouth, teeth, jaw area, facial swelling), patients requiring special care (disabled), patients with life-threatening systemic diseases. I was informed about it.

All the questions I had about my treatment/treatment of the person I am guardian of were answered. It was explained to me that attending the appointments without interruption and following the doctor's recommendations and practices regarding treatment can directly affect the results of the treatment. I was explained, understood and accepted that the success of the treatments depended on me, that I should follow the oral hygiene and recommendations at home, that I should follow the recommendations regarding harmful habits that should be given up, and that I should use the medications in the prescriptions in doses and durations appropriate to the prescription.

I was informed, 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 results of medical procedures cannot be guaranteed. I was informed in detail about patient rights and responsibilities and physician rights and obligations.

I know that Süleyman Demirel University Faculty of Dentistry is an educational institution and intern physicians and specialty students work here. I hereby allow Süleyman Demirel University Faculty of Dentistry faculty members, dentists and trainee dentists to perform oral and dental examination, diagnosis and treatment of the individual of whom I am the parent/guardian. Permission to take photographs and use my medical records during the procedure/treatment to be applied to me, provided that the identity information is kept confidential and used only for education and research purposes. (Please write "I give" or "I do not give" in your handwriting.)

(*) Legal Representative: Informed consent of the parent or guardian is required for minors and/or minors.

Dear Patient, To have information about your health condition and the benefits/harms, risks and alternatives of the procedures for the diagnosis or treatment recommended for you; accept or partially/completely reject treatment; You have the right to stop the transactions at any stage! This document, which we want you to read and understand, has been prepared not to scare you or keep you away from medical practices, but to inform you, determine whether you consent to these practices, and obtain your consent. This consent form consists of 2 pages and is prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy is given to the patient/legal representative of the patient.

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