



HD.RB.37 | P.D:14.01.2015 | REV.NO:01 | REV.D.: 18.04.2022 | PP: 1/2

Dear patient/parent/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 illness.
- 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 any questions other than those mentioned here, it is our duty to answer them. We are here to help you.
- Once you have learned 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 be a witness to the interview to participate.
- You may refuse to be informed except in cases of legal and medical obligation.
- You have the right to withdraw your consent at any time. This will in no way interfere with your further treatment. However, legally, this right is subject to the condition that "there is no medical inconvenience". When this happens, a Record of Withdrawal of Informed Consent will be drawn up and attached to the back of this document.
- You are required to inform your dentist 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 make sure that you keep your appointments and 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 will be carried out with you for unconscious patients, pediatric patients, mentally disabled patients, patients who do not have the ability to make decisions regarding diagnosis and treatment, and patients requiring emergency intervention, for whom you are the parent or guardian.
- The processes of informing and obtaining consent in accordance with the disability status of the disabled people whose parents or guardians you are, will be carried out with you.
- 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
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		

With filling treatment, weakened parts of the teeth due to decay can be removed or tooth areas lost due to fracture can be restored or small teeth can be enlarged for aesthetic purposes. Restoration of tooth areas lost due to fracture and enlargement of small teeth for aesthetic purposes, which are not included in the Healthcare Implementation Communiqué (HIC) list, are charged according to the Public Health Services Sales Tariff Price List.

**Treatment Content:**

**X-ray:** 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 X-ray examinations and the number of X-rays to be requested are determined by your dentist. Protective equipment (lead apron, cervical collar) is worn before the X-ray. There are different types of X-rays, such as those obtained by placing the X-ray film in the mouth and holding it by hand by the patient or his/her parents (periapical, occlusal radiography), biting it between the teeth (bitewing radiography) or rotating an X-ray device around the patient's head (panoramic).

**Expected benefits of the procedure:** It enables the detection of fractures and decay areas that cannot be noticed through visual examination (for example, decay between teeth) and decay developing underneath existing fillings. It indicates abnormalities related to teeth, provides information about bone loss due to gum disease, enables the visualization of problems in the root canal, assists in identifying pathologies such as cysts and tumors in bone and soft tissue. It facilitates diagnosis, accurate planning of treatment, and monitoring of implemented treatments. It provides information about the oral-dental-jaw development and growth of children. **Potential outcomes of not applying the procedure:** If not applied, it may result in difficulty in diagnosis, delayed diagnosis, complicating and delaying the application of the correct treatment, and furthermore, the success of the applied treatment cannot be evaluated. **The alternative to the procedure:** None. **Complications of the procedure:** X-rays used in radiography are harmful to living tissues. Therefore, your dentist will request the minimum necessary number and type of X-rays for you. Nausea and sometimes vomiting may occur during X-ray imaging. In such cases, measures like rinsing the mouth with cold water or applying a local anesthetic spray can be taken. It's necessary to remain immobile during the procedure. If there is movement or if the film shifts, it might result in poor image quality and the need for a retake. **Estimated duration of the procedure:** 2-10 minutes. **Points to be considered before and after the procedure and potential problems if overlooked:** In necessary cases (such as with pediatric patients, during pregnancy, or in specific medical conditions), lead aprons and neck collars should be used. If not used in these cases, harmful effects of X-rays may occur. Before taking an X-ray that shows all teeth, the patient should remove all metal objects (earrings, hairpins, 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 the X-ray procedure, it's crucial to remain motionless to avoid the need for retakes.

**Vitality test:** It's a test where the nerve response of teeth to an external stimulus (such as cold, heat, electrical, etc.) is evaluated to ensure accurate diagnosis and planning of the treatment. During the procedure, there might be a sudden and brief sensation of pain. **Expected benefits of the procedure:** The treatment method is determined based on the test results of the teeth. It ensures monitoring of the implemented treatments. **Potential outcomes of not applying the procedure:** The correct treatment method cannot be determined. Monitoring of the administered treatments cannot be ensured. **The alternative to the procedure:** None.

**Complications of the procedure:** Depending on the condition of the teeth, surrounding tissues, and fillings, there might be false positive or false negative responses. **Estimated duration of the procedure:** 2-4 minutes. **Points to be considered before and after the procedure and potential problems if overlooked:** Remaining immobile is necessary during the procedure. It's important to follow the dentist's instructions throughout the procedure. Otherwise, the procedure duration might extend, leading to false positive or false negative responses, and the treatment method might not be accurately determined or the monitoring of treatments implemented may not be done correctly.

**Local anesthesia:** It involves temporarily blocking the transmission of nerves responsible for sensation in a specific area of the human body using anesthetic substances. In dentistry, the duration of numbness resulting from local anesthesia varies between 1-4 hours, depending on the type of anesthetic used, the area where it's applied, and the individual's age and anatomical structure. The application is carried out by a dentist. **Expected benefits of the procedure:** The aim during procedures is to numb the area where the intervention will take place in order to prevent pain, allowing the patient to undergo treatment without feeling discomfort. **Potential outcomes of not applying the procedure:** If the procedure is not applied, the patient may experience varying degrees of pain depending on the type of treatment performed. **The alternative to the procedure:** Sedation or general anesthesia. **Complications of the procedure:** Temporary loss of consciousness called syncope (fainting) can occur due to fear, excitement, or hunger. Difficulty in opening the mouth, called trismus, might develop; however, this usually resolves spontaneously within 2-3 weeks. Pain or swelling can occur during anesthesia. Pain or bruising may appear at the site where the injection was given (up to a week). Due to the involvement of adjacent nerves to the anesthetized area, side effects such as temporary facial paralysis (facial palsy), temporary strabismus, temporary blindness, muscle weakness, difficulty swallowing, numbness in the earlobe, nose, and tongue, swelling, or changes in skin color on the face can occur. Applying topical anesthesia can reduce a child's sensations of pricking, pain, or discomfort from the needle. These effects completely resolve once the anesthesia's effects (numbness) wear off. If the patient scratches, bites, or chews the anesthetized area, self-inflicted injuries may occur. Occasionally, anesthesia might not achieve the desired numbness, requiring a repeat procedure. Although extremely rare, an allergic reaction affecting all tissues and organs in the body (such as angioedema, anaphylactic shock, redness, and skin rashes) can occur. If these potential side effects occur, the responsible dentist and the emergency medical team administer life-saving medications like antihistamines, adrenaline, cortisone, and immediate medical intervention for treatment. **Estimated duration of the procedure:** 2-4 minutes. **Points to be considered before and after the procedure and potential problems if overlooked:** If there's any systemic disease, allergic condition, or medication use, it's crucial to inform the attending dentist before the procedure. Failing to disclose such conditions might lead to potentially life-



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threatening allergic reactions or side effects. Patients should neither be too hungry nor too full; otherwise, the effects of anesthesia (numbness) might intensify, leading to situations like fainting and vomiting.

**Dental filling procedure:** Restoration of lost tooth areas can be accomplished using various filling materials (such as amalgam, composite, compomer, colored compomer, glass ionomer, etc.). Tooth-colored (composite) filling materials are used in the restoration of fractured teeth due to trauma and for esthetic enlargement of small teeth. Depending on the type of procedure, dental tools (such as excavators, enamel chisels, etc.), low-speed handpieces (angled handpiece), or high-speed handpieces with water cooling (aerator) are used to remove the decayed tooth tissue or shape the broken tooth tissue. The treatment plan may vary based on the amount of tissue loss. Your dentist will provide necessary information during the procedure.

**Expected benefits of the procedure:** Aesthetic defects and substance losses in teeth can be corrected, preventing the need for tooth extraction. Sensitivity, if present, can be alleviated while ensuring the preservation of tooth vitality and continued chewing function. The use of colored compomer fillings on primary teeth is expected to enhance a child patient's comfort and encourage better care for their teeth. **Potential outcomes of not applying the procedure:** Decay and fractures can progress, leading to the need for root canal treatment and even tooth loss. Aesthetic issues can impact the patient psychologically. **The alternative to the procedure:** There's no alternative to filling treatment. In cases of excessive substance loss or broken teeth, crown treatment can be performed. **Complications of the procedure:** During the removal of decayed tissue or shaping and filling of a broken tooth structure, if a child moves, cuts may occur on the tongue, lips, or cheeks due to working with sharp instruments. After the procedure, depending on the size of the decay or fracture, remaining tooth tissue might experience breakage, hot-cold sensitivity or pain. Consequently, the filled tooth might require root canal treatment or extraction. Following amalgam filling applications, there might be temporary hot-cold sensitivity that diminishes over time. Rarely, sensitivities due to interactions with intraoral or extraoral metals like dental metals or cutlery might arise. In such cases, changing the filling material is an option. Allergic reactions can arise in individuals allergic to mercury in amalgam fillings. Additionally, albeit rarely, allergic reactions can develop due to other types of filling materials as well. **Estimated duration of the procedure:** 40 minutes. **Points to be considered before and after the procedure and potential problems if overlooked:** Ensuring oral hygiene before the procedure is essential for the successful outcome of the intended filling. After the procedure, you can eat once the anesthetic effect (numbness) wears off. Try to avoid using the treated side for at least an hour. You might experience slight discomfort and sensitivity to heat; if a temporary filling is applied and it breaks or falls out, it's important to revisit the clinic. Without adequate oral care, decay might reoccur in filled teeth. Eating hard foods can lead to filling breakage, making these areas more prone to food debris accumulation and consequently increasing the risk of decay in these teeth. If you experience persistent pain in the filled tooth, consult your dentist. For follow-ups on your filling, please attend scheduled appointments for regular clinic visits and X-ray evaluations as determined by your dentist.

Date:  
 Name of the Responsible Dentist for the Patient:  
 Name-Surname:

Name of the Responsible Faculty Member for the Patient:  
 Name-Surname:

Signature:

Signature:

**2. CONSENT (PERMISSION, ASSENT)**

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