

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

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. Once you have learnt the benefits and possible risks of the treatment and procedures, it is your decision to consent to the procedure.

Name: Email Address:

Surname: Gender:

Tel:

Contact person in case of emergency:

Legal representative of the patient:

(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:.....

You are required to read this form, which has been prepared to inform you and to obtain your consent to start your treatment, and to fill in and sign the sections at the end. Thank you for your participation and your time.

RECOMMENDED TREATMENT

Laminate (Lamina) Vener Crowns

To be applied

THE 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		

Porcelain laminate veneer crowns are very thin porcelain layers bonded with special tooth-coloured adhesives, usually limited to the front face of the tooth. They are applied for aesthetic purposes, such as correcting the shape, position and colour of the tooth. The material is removed from the front face of the tooth, provided that it is less than 0.5 mm and the enamel level is limited. Although much less tooth structure is removed compared to crowns where the entire tooth is covered, the situation is irreversible when the enamel is abraded.

What to Expect from Treatment:

- Correction and adjustment of the aesthetics of the treated teeth (colour, shape, position, etc.).
- Preservation of tooth structures by removing very little tooth tissue
- Achieving the closest appearance to natural teeth with metal-free aesthetic materials (porcelain, zircon, etc.)

If the recommended treatment is not followed:

- Crowns (veneers) are made that require cutting the entire tooth.

Possible Problems and Risks:

- Teeth may become sensitive temporarily or permanently as a result of abrasions on the front of the tooth. Hot-cold sensitivity may develop in the teeth. In some cases, canal treatment may be required.
- Fractures and cracks may occur during use. In this case, repair may not be possible. They may need to be replaced or crowns covering the entire tooth may need to be made.
- Complete colour matching with natural teeth may not be achieved. In addition, changes in colour may occur after a certain period of use. Before these crowns are bonded, you must agree with your dentist about the colour, form and aesthetics. Once bonded, it is not possible to change the colour of these crowns.
- In some cases, these prostheses can be separated from the tooth. You should use these crowns carefully in accordance with the recommendations of your dentist. Teeth grinding, clenching, trauma, biting foreign objects such as pens increase the risk of separation of these crowns from the teeth. Re-bonding procedures may bring an additional cost to the patient due to the special adhesives used.
- If you do not pay attention to your oral hygiene where laminate veneer crowns are applied, if you do not eat a healthy diet, if you do not come to your doctor for regular check-ups and if you do not carefully fulfil the recommendations of your doctor in ensuring oral hygiene, caries and gingival diseases may occur.

Things to Consider After Treatment:

- You should carefully follow your physician's warnings about the use of laminate veneers and the maintenance of oral hygiene, and you should come to the controls at the intervals specified by your physician.

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

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 diagnosis and treatment of the dentist;

Consultation can be requested from other physicians and they can participate 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,

It was explained to me that local anaesthesia may be applied as part of these procedures during the diagnostic method, intervention or treatment, and that attending the appointments without delay and complying with the physician's recommendations and practices regarding the treatment may directly affect the treatment results.

I was informed about the Implementation Communiqué published by the Social Security Institution (SSI) for the relevant treatments. I was informed that the invoices for the items that the SSI does not pay for the material to be used during the stages of the treatment should be paid by 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 1 page 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 ACCEPT THE TREATMENT.

(Note: This statement will be written below in the patient's/relative's OWN HANDWRITING)

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PATIENT'S/RELATIVE'S/GUARDIAN'S
FULL NAME :.....
DATE:.....
TIME:.....
SIGNATURE

.....
THE PHYSICIAN PROVIDING THE INFORMATION
FULL NAME.....
DATE:.....
TIME:.....
SIGNATURE/SIGNATURE