

Dear:(Patient Name and Surname):.....,(Date of Birth):.....,(TC Number):..... BARCODE

In this form, you will be asked for your medical and dental treatment history and some personal information. It is your natural right to be informed about the treatment and procedures to be applied. The form also includes information about the procedures to be performed in the clinics where you will receive treatment. 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 and dental health. It is up to your decision to approve the procedure after learning the benefits and possible risks of the treatment and procedures.

Name surname:

Tel:

E-mail address:

Gender:

Person to contact in case of emergency:

Legal representative of the patient:

(Legal Representative: Guardian for those under will, parents or first degree legal heirs for minors. Please indicate the degree of relationship next to the name of the sick relative.)

Name Surname:..... Tel:.....

You must read this form, which has been prepared to inform you and obtain your consent to begin your treatment, fill out the sections at the end and sign it. Thank you for your participation and time.

RECOMMENDED TREATMENT

Maxillofacial Prostheses Will Be Applied

TOOTH TO BE TREATED	DIAGNOSIS	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		

Maxillofacial prostheses are prostheses made to restore functions such as chewing, swallowing and respiration, as well as the aesthetics lost in jaw and midface defects (deficiency or loss) in the jaw and mid-face area, which are congenital or occur due to reasons such as cancer or accidents. The prosthesis is designed by your physician by combining one or more of the intraoral removable (partial or complete dentures), fixed prostheses and implant-supported prostheses, depending on the patient's condition and characteristics. The information and problems explained for removable prostheses, fixed prostheses and implant-supported prostheses are also valid for these types of prostheses. Depending on the condition of the patient's loss, it may be necessary to make a separate prosthesis for the facial area, other than intraoral prostheses, or to connect both types of prosthesis to each other. Again, depending on the nature of the case, implants (extra-oral) may need to be placed in areas such as eyes, ears and nose and the facial prosthesis may need to be supported.

TO INFORM

INSPECTIONS

Intraoral Radiographic Examination Will Be Performed

In order to examine the teeth and surrounding tissues in detail at the beginning of the treatment, during the treatment and after the treatment for control purposes, it may be necessary to take an intraoral x-ray of the tooth/surrounding tissues. The procedure is performed by placing the x-ray film into the mouth. In case of pregnancy, x-rays are not taken except in emergencies, and in cases where it is necessary, a lead apron is worn to ensure that the patient is given a minimum dose of x-rays.

What is expected from the radiographic examination: Examining the complaint area in detail and determining 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: During the x-ray, the patient's nausea reflex may be triggered, causing nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-

sensitive organs may be affected.

Extraoral (Outside the Mouth) Radiographic Examination Will Be Performed

It may be necessary to take an x-ray of the maxillofacial area to examine the teeth and surrounding tissues in detail at the beginning of the treatment, during the treatment and after the treatment for control purposes. 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 it is necessary, a lead apron is worn to ensure that the patient is given a minimum dose of x-rays.

What is expected from the radiographic examination: Examining the complaint area in detail and determining the tooth or bone area causing the complaint. If radiographic examination is not performed. The reason for 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 turn out to be bad and the film may have to be re-shot. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

TREATMENT AND PROCEDURES

Local Anesthesia: To be applied

Local anesthesia is applied to provide pain control during treatments. If necessary, first the gums or the inside of the cheek are anesthetized with a topical anesthetic (spray).

What to Expect from Anesthesia: Anesthetic liquid is injected with a syringe, and the tooth and the area where it is located are numbed for a while. The effect of the anesthetic disappears after 2-4 hours.

If Anesthesia is Not Applied If local anesthesia is not applied, the procedures either cannot be performed because they will be too painful, or they are performed under a more complicated procedure/sedation.

Possible Risks After local anesthesia, although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis. Anesthesia may fail if there are anatomical differences or acute infections in the area. The area where local anesthesia is applied is numb for approximately 2-4 hours. For this reason, eating and drinking is not recommended until the numbness subsides to prevent wounds on the inside of the cheek and lips due to biting.

Expectations from the Treatment: To regain the lost aesthetics; To help perform functions such as chewing, swallowing, breathing and speaking.

Problems and Risks That May Be Encountered:

- When facial prosthesis is applied to ear, nose, eye and face areas, aesthetics may not be adequately achieved.
- The construction stages of such prostheses are long, complex and difficult. You may need to come to recurring appointments during the construction phase.
- Depending on the nature of the case, there is a possibility of difficulty and failure in getting used to and adapting to new prostheses, and success in treatment cannot be guaranteed.
- Depending on the properties of the materials used in the construction of the prosthesis and external factors, the flexibility, retention, size and color of the prosthesis may change.
- It may be necessary to renew and/or make some changes to such prostheses, especially when there is healing and/or repeated surgeries in the tissues.
- It may cause allergic effects.
- You must follow the recommendations regarding the use, maintenance and controls of the prosthesis. Even if used properly, changes may occur in the prosthesis material after a while and it must be renewed. In case of renewal, the financial cost is borne by the patient.
- It is recommended to receive speech training, especially in cases where speech is affected.

If Recommended Treatment is Not Applied: Aesthetic defects and difficulties in performing functions such as chewing, speaking and swallowing may occur.

Things to Consider After Treatment:

- Performing regular daily oral care and taking as much care as possible of your dentures and existing natural teeth. Make sure to clean your dentures made for your jaws in accordance with your doctor's recommendations.
- Using the prostheses for the period specified by the physician during the day, keeping the prostheses in a container with clean water when not in use, and complying with the explanations and rules made by your physician regarding the use and care of your facial prosthesis.
- Attending regular check-ups.

Special Cases: You can reach the doctors of Süleyman Demirel University Faculty of Dentistry by calling 0246 211 3352 or by calling.

APPROVAL

A detailed examination of my entire mouth was performed. In addition, in the relevant sections, physicians explained what oral and dental disease is, why treatment is needed, the risks involved, problems that may occur, alternative methods, changes that may occur after treatment, the possibility of success and situations that may occur during the recovery process.

During the dentist's diagnosis and treatment;

Consultation can be requested from other physicians and they can participate in the treatment process,

Intern dentists will participate in diagnosis and treatment and will work under the supervision of assistants and faculty members.

Oral and Maxillofacial Radiology doctors, intern dentists, dental technicians and x-ray technicians can take part in the filming process,

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

Local anesthesia may be applied as a part of these procedures during the diagnosis method, intervention or treatment, and attending the appointments without interruption and complying with the doctor's recommendations and practices regarding the treatment may directly affect the treatment results,

It was explained to me.

I was informed about the Implementation Communiqué published by the Social Security Institution (SGK) regarding the relevant treatments. I have been informed that the invoices for the items that SSI does not pay for the materials to be used during the stages of the treatment must be paid by me.

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 WAS 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.)		
.....		
PATIENT/RELATIVE/GUARDIAN		INFORMING DENTIST
NAME SURNAME:..... DATE:..... TIME:.....		NAME SURNAME..... DATE:..... TIME:.....
SIGNATURE		SIGNATURE

