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GENERAL INFORMATION ABOUT ORTHODONTIC TREATMENTS

Successful orthodontic treatment is only possible if the patient/caregiver is informed about the treatment. However, every orthodontic treatment has its limits and possible risks. Please read the following information. You are free to accept or refuse orthodontic treatment based on this information. If there is anything you do not understand or have any questions, please ask your doctor.

- ... Orthodontic treatment is a long-term treatment that requires discipline. Patient-physician-family cooperation is necessary for a good result.
- ... X-rays of the teeth and head are necessary for diagnostic purposes at the beginning of treatment, during treatment and after treatment - for control purposes - to examine the teeth and surrounding tissues in detail. Intraoral and extraoral photographs should also be taken before and during treatment in order to monitor the treatment process more clearly. In the diagnosis and treatment of some orthodontic anomalies, it is inevitable that further tests are required.
- ... These recordings may be used in scientific publications and in-patient presentations without identifying and/or revealing your identity. These recordings will not be used for other than these purposes and will not be shared with others except as requested by legal authorities.
- ... The patient must follow the treatment prescribed by the physician to the end and completely. In the event of non-compliance due to lack of cooperation on the part of the patient/family and if this is persistent, the physician has the right to terminate the treatment if he/she decides that the patient will not benefit from it.
- ... The individual response of the patient's tissues to the treatment is an important factor in the outcome of orthodontic treatment. Especially in "skeletal anomalies" including the bone, the targeted structuring may not be realized if the necessary growth support is not received in individuals of developmental age. In this case, the physician may terminate the treatment in order not to harm the individual.
- ... The presence of any systemic disease related to the general health status of the patient (blood diseases, bone diseases, hormonal disorders, allergic diseases, etc.) may affect orthodontic treatment. The patient is required to inform the orthodontic physician of these and similar diseases before starting orthodontic treatment and any changes in the patient's health status / treatment-related changes during treatment.
- ... In order to correct the disorders in your teeth, jaw and facial structures within biological limits, you should come to control appointments at intervals determined by your doctor according to the type of treatment applied.
- ... Orthodontic treatment is not just the alignment of teeth for aesthetic purposes. The main goal is to achieve a good chewing function as well as a good-looking healthy mouth, teeth and jaw structure.
- ... Orthodontic treatment is applied to healthy teeth. Before starting the treatment, all teeth should be examined by the dentist, decayed teeth should be treated, canal treatment should be performed on the necessary teeth, and tooth brushing training should be given. Treatment of patients who do not brush their teeth sufficiently is not started. Orthodontic treatment is started after the patient's oral care is improved and the necessary treatments are performed.
- ... Orthodontic treatment consists of two successive stages: active treatment and reinforcement treatment. With active treatment, defects in the teeth and jaws are corrected. Reinforcement treatment ensures that the improvement is permanent. The treatment fees you are told cover both stages. The duration of these stages may vary according to the severity of the disorder in each person.
- ... Even if the treatment is planned and carried out in accordance with all the rules, it cannot be guaranteed to achieve all the results. This is because the limits of the selected treatment, failures in patient-physician-family cooperation and some patient-specific factors (for example: genetic structure, growth-development factors that cannot be predicted during treatment, the response of oral and dental tissues to orthodontic treatment, bad habits such as teeth clenching, teeth grinding, etc.) make it impossible to guarantee results.

THINGS TO CONSIDER DURING THE FIXED ORTHODONTIC TREATMENT PROCESS

The treatment phases and materials used during orthodontic treatment are varied. During the treatment, retaining parts (brackets) are attached to the teeth and wires are passed through them. When necessary, supportive screws placed in the jaw bone; screw apparatus, metal springs, rubber chains, etc. that expand the jaw can be used. Sometimes it may be necessary to use extra-oral devices (devices such as an chin cap./face mask) or intra-oral/extra-oral rubber rings that must be put on and removed by the patient. The instructions for their use and the recommendations of your physician should be followed exactly.

During orthodontic treatments, temporary sensitivity of the teeth may develop and small sores may appear on the gums, lips, cheek or tongue. During your treatment, hard foods such as plums, nuts, walnuts and sticky substances such as chewing gum cause the appliance to break and disrupt its structure. It is very important for the course of your treatment that you avoid such foods during your treatment. In such cases, your physician must be informed and the physician's recommendations must be followed. Please read the brochure we will give you carefully. We hope you will help us in this matter and thank you.

Teeth that are not adequately brushed during treatment may develop decay, inflammation of the gums, gingival recession and loss of supporting bone. In addition, permanent dull white spots may develop on the teeth, which increase with the consumption of acidic beverages. These problems can also occur in people who do not receive orthodontic treatment, but are more common in teeth with braces. For this reason, you should brush your teeth regularly after main and intermediate meals. In order to take the best care of your mouth and to have healthy teeth and gums, you should visit your dentist regularly. Sometimes, even with good care, if the supportive bone tissue around the teeth is too thin, gum recession may occur due to bone loss.

The ideal treatment result (e.g. complete closure of extraction gaps) may not be achieved due to variations in the shape, size and position of the teeth, small teeth, missing teeth or abnormally positioned teeth. Sometimes there are gaps between the corrected teeth close to the gums. These may require supportive treatments such as aesthetic fillings, crown-bridge restorations or periodontal treatment.

Shortening of the roots of some teeth may occur during orthodontic treatment. Usually, the amount of shortening is small and does not cause any significant consequences.

If a severe shortening is detected, the doctor may terminate orthodontic treatment.

During treatment, some patients with sensitive constitution may experience allergic reactions to the materials used in orthodontic treatment. If you encounter such a problem, you should inform our clinic as soon as possible. In this case, it may be necessary to change the treatment plan or stop the treatment.

Immediately after the end of orthodontic treatment, there is a tendency for the teeth to change their position and return to their initial position at the beginning of the treatment. For this reason, "reinforcement treatment" should be started as soon as the active orthodontic treatment is finished. In this treatment, either a fixed wire is attached to the inside of the teeth or a reinforcement device that the patient can wear and remove is used. Fixed braces remain behind the teeth indefinitely, unless your dentist tells you otherwise. It is very important to use the removable reinforcement device in accordance with the physician's instructions in terms of the permanence of the treatment result. It is inevitable that the teeth will be restored to their former condition as a result of the use of the removable reinforcement appliance without following the doctor's advice. As a result of the incomplete application of the reinforcement treatment, the teeth and relationships that are disrupted may require a new orthodontic treatment. This situation requires to be charged again.

In the following periods following the end of orthodontic treatment, the bite can be adversely affected in various situations. Examples of these conditions include genetic influences that determine the size of the teeth, jaws and tongue, growth or developmental changes, mouth breathing, tongue thrusting, continuation of oral habits such as finger sucking, and inappropriate eruption pressure of wisdom teeth. These are conditions that may develop beyond the control of the orthodontist and may require additional treatments.



**NON-REMOVABLE FIXED
ORTHODONTIC TREATMENT
INFORMED CONSENT
DOCUMENT**

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It is a method used when there is not enough space in the patient's upper/lower jaw for the teeth to line up properly. **Extraction orthodontic treatment** is required to eliminate the existing problem in the mouth. Extraction orthodontic treatment is a treatment performed **by extracting the teeth** that your physician deems medically appropriate.

For this reason, it is planned to extract a total of teeth/teeth from the region of the jaw.

The gaps obtained by tooth extraction will be utilized to eliminate space constriction and/or to correct the bite of the teeth, and these gaps will be filled at the end of the treatment by replacing the teeth standing outside the tooth row, unless the above-mentioned undesirable situations occur.

| | |
|------------------------------|------------------------|
| ORTHODONTIC TREATMENT | HISTORY : |
| | FULL NAME : |
| | DATE OF BIRTH : |
| | GENDER : |

ORTHODONTIC DIAGNOSIS

The orthodontic problems we identified as a result of our clinical and radiologic evaluations are listed below.

RECOMMENDED TREATMENT

This one orthodontic problems elimination of for below stated operations Making is required.

TREATMENT PROCESS

The duration of our patient's active orthodontic treatment is estimated to Be approximately , although it varies from patient to patient, as Described detail above.

These periods are valid in cases where the above-mentioned undesirable situations do not arise and the physician-patient harmony is realized in the ideal way mentioned above.

Some problems may occur during orthodontic treatment:

- a) Orthodontic force applied to the teeth can cause painful tooth sensitivity for a week.
- b) The metal or acrylic retainers in the appliances may cause temporary difficulty in eating, speaking and swallowing.
- c) Sores may appear on the lips, cheeks and tongue.
- d) Oral care may become difficult.
- e) Resorption of root tips may occur.
- f) Damage to the dental nerve may require root canal treatment.
- g) If the supporting bone tissue around the tooth is too thin, gingival recession may occur due to bone loss.

Teeth that are not adequately brushed during treatment can develop decay, permanent white spots and gingival inflammation. Gingival inflammation leads to red discoloration, bleeding and gingival enlargement over time. For this reason, teeth should be brushed regularly after main and intermediate meals until you are sure that all food residues are removed.

In order not to damage and break your appliances, you must follow the list of prohibitions given by your physician until the end of the treatment.

Special Cases You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone at 0246 211 3353 or by visiting them.

PATIENT'S DECLARATION

I/ My son/daughter whose parent/guardian/guardian I am (for), Dr..... at the clinic I was informed about the existing problems in the mouth and teeth related to the proposed orthodontic treatment, why the treatment is needed, the changes that may occur during and after orthodontic treatment and possible problems that may be encountered, and I read them from the form. I was given enough time and opportunity to ask questions after reading the form about everything I wanted to know and learn about the procedures and orthodontic treatment, and I received satisfactory answers. I accept that the procedures and orthodontic treatment are carried out to improve my oral and dental health and appearance, but that there is a different "best result" for each patient. I was told about the possible developments and risks if I did not want to be treated or if I stopped the treatment after starting treatment.

I fully understand the orthodontic diagnosis explained to me, the type of orthodontic treatment recommended, the treatment fee for this treatment and the possible risks of orthodontic treatment. I have read all pages of this form and fully understand the issues that I should pay attention to. I accept that the treatment to be applied will be delayed and unsuccessful if I do not follow the rules I have read and explained to me. In case the treatment fails, I will not claim material and moral compensation from my treating doctors, and I accept that my doctor will not have any criminal liability.

During the dentist's diagnosis and treatment; Consultation may be requested from other physicians and they may participate in the treatment process; my anamnesis information and radiological images, photographs, examination results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational or research purposes by keeping my identity information confidential; local anesthesia may be applied as part of these procedures during diagnostic method, intervention or treatment; coming to the given appointments without interruption and following the recommendations and practices of the physician regarding the treatment may directly affect the treatment results.

I have read this consent form and have been informed about the above treatment options and their possible risks.

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 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**).

.....
 PATIENT/RELATIVE/GUARDIAN
 FULL NAME :
 DATE:.....
 CLOCK:.....
 SIGNATURE

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