

# ORTHODONTICS INFORMED (CONSENT) CONSENT DOCUMENT

Dear:(Patient Name Surname):.....

(Date of Birth).....,

(TC No):.....

In this form you will be asked for your medical and dental history and some personal information. You have the right to be informed about the treatment and procedures you will undergo. The form also contains 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 your decision to consent to the treatment and procedures after learning the benefits and possible risks of the treatment and procedures.

Name Surname

Tel:

Gender:

Email Address:

## Contact person in case of an emergency:

Name Surname:..... Tel No:.....

## INFORMATION

### General Information About Orthodontic Treatment:

1. The average duration of treatment is 2-3 years, but may be longer in some cases. All of the patient's treatment must take place in our clinic. It is not possible to transfer the patient to another clinic for any reason. (Treatment will not be started in cases where the patient's residence will be changed due to science high school, university exam, transfer or other reasons. The records of patients whose treatment has already started will not be given outside our clinic in any way).
2. Patients arriving outside the appointment day and time will not be seen. When an appointment change is requested due to important excuses, this request must be notified by phone before the appointment date.
3. The treatment of patients who do not pay attention to oral care, frequently break their brackets, lose and break their appliances, do not follow the doctor's recommendations, do not attend appointments regularly and do not use the necessary appliances for their treatment is terminated.
4. It is mandatory to follow all recommendations and instructions of the doctor during treatment.
5. For patients under 18 years of age, all responsibilities regarding patient compliance belong entirely to the parent. The parent is responsible for ensuring that the patient brushes his/her teeth and complies with the treatment.
6. The patient will pay for the materials required for the patient's treatment. Our clinic is not responsible for whether the cost of the material can be covered by the patient's institution.
7. The patient will be charged for the cost of replacement of appliances broken or lost during use, the cost of lost brackets and the cost of bonding. This also applies to official patients.
8. All patient records can be used in domestic and international scientific publications.
9. All treatment fees of patients whose clinical records (measurements, films, photographs, etc.) are taken are invoiced to their institutions. Therefore, patients who discontinue treatment for whatever reason or whose treatment is terminated by their physician can only be treated as private patients if they wish to undergo orthodontic treatment again.
10. The materials of patients who leave the treatment or whose treatment is terminated by their physician for any reason whatsoever after their clinical records are received are not returned.

## INSPECTIONS

### Radiographic Examination

To be implemented

Panoramic X-rays and, if necessary, periapical films may be required to examine the teeth and supporting surrounding tissues in detail at the beginning of treatment, during treatment and after treatment for control purposes. Lateral cephalometric X-rays, hand-wrist X-rays, anteroposterior head X-rays (postero-anterior X-rays) and occlusal X-rays may be requested to determine your orthodontic problem and to make a detailed treatment plan. **Radiographic** examination may also be required to examine changes that occur during active orthodontic treatment, with growth and development, during and after reinforcement treatment: 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** The patient's nausea reflex may be triggered during X-ray filming, causing nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

### \*Photography and Model Analysis

To be implemented

The reasons for taking models and photographs before, during and after orthodontic treatment are to be presented in lectures, conferences, papers and publications, to create an archive, to compare treatment results and to be used in the diagnosis of cases.

## TREATMENT and PROCEDURES

To be implemented

### Anesthesia

Local anesthesia is applied to ensure pain control during treatments. If necessary, the gum or the inner part of the cheek is first numbed with a topical anesthetic (spray). **Anesthetic** liquid is injected with an injector and the tooth and the area where it is located are numbed for a while. After 2-4 hours, the effect of the anesthetic disappears. **If Anesthesia Is Not Performed** If local anesthesia is not applied, the procedures cannot be performed either because they will be too painful or they are performed under a more complicated procedure/sedation.

**Possible Risks** Allergic reactions, loss of sensation, bleeding, temporary muscle spasms, temporary facial paralysis may occur after local anesthesia, although rare. If there are anatomical differences or acute infections in the area, anesthesia may fail. The locally anesthetized area is numb for about 2-4 hours. For this reason, eating and drinking is not recommended until the numbness disappears to prevent wounds on the inside of the cheek and lip due to biting.



HHD. RB.29	YT:14.01.2015	REV.NO:01	REV.T: 18.04.2022	SY.NO: 02
------------	---------------	-----------	-------------------	-----------

*Skeletal class I treatment	<input type="checkbox"/>	To be implemented
*Skeletal class II treatment	<input type="checkbox"/>	To be implemented
*Skeletal class III treatment	<input type="checkbox"/>	To be implemented
*Open closure treatment	<input type="checkbox"/>	To be implemented

**Expectations from Treatment:** Elimination of dental crowding, correction of jaw bones, restoration of healthy chewing function, dental aesthetics, improvement of facial aesthetics. **If the recommended treatment is not applied:** Healthy chewing cannot be done, joint problems may occur, crowding of teeth increases, unwanted movements and habits may develop.

**Possible Risks:** During orthodontic treatment, patients may experience some negative effects. The devices in the teeth may cause temporary eating-speaking-swallowing difficulties. Sores may occur on the lips, cheeks and tongue. Oral care may become difficult. Sometimes undesirable situations such as broken brackets and wires may develop. In order to overcome these problems easily, the instructions of the dentist must be followed. Teeth that are not adequately brushed during treatment may develop caries, permanent white spots, inflammation in the gums and related gingival recession and bone loss. For this reason, teeth should be brushed regularly after main and intermediate meals until all food residues are removed. During orthodontic treatment, some patients may experience a shortening of the length of the tooth roots (root erosion). If there is a serious shortening, the treatment can be terminated by the physician. Appropriate treatment is recommended instead.

**Things to Consider After Treatment:** At the end of each orthodontic treatment, there is a tendency for the teeth to move and return to their initial position at the beginning of the treatment. For this reason, as soon as the active orthodontic treatment is finished, the passive orthodontic treatment "reinforcement treatment" should be started. 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. The use of the removable device in accordance with the physician's instructions is very important for the permanence of the treatment result.

**Special Cases** You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone at +90 246 211 3353 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, the changes that may occur after treatment, the possibility of success and the situations that may occur during the healing process.

During the dentist's diagnosis and treatment;

Consultation with other physicians can be requested 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.) may be used for diagnostic, scientific, educational or research purposes by keeping my identity information confidential,

It was explained to me that local anesthesia may be applied as part of these procedures during the diagnostic method, intervention or treatment, and that attending the appointments without interruption and complying with the physician's recommendations and practices 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 Criminal 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

