

REMOVABLE APPLIANCE INFORMED (CONSENT) CERTIFICATE OF CONSENT

GENERAL INFORMATION ABOUT ORTHODONTIC TREATMENTS

A 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 should be taken for diagnostic purposes at the beginning of treatment, during treatment and after treatment - for control purposes - in order to examine the teeth and surrounding tissues in detail. It is also necessary to take photographs from inside and outside the mouth before and during treatment in order to monitor the treatment process more clearly. In the diagnosis and treatment of some orthodontic anomalies, advanced tests are inevitable.

... 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 a lack of cooperation on the part of the patient/family, and in the event of persistent non-compliance, 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 healthy mouth, teeth and jaw structure that looks good.

... 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 performed 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 the results.

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

GENERAL INFORMATION ABOUT MOBILE ORTHODONTIC TREATMENT

- Depending on the type of your removable appliance, it may need to be worn all day, at night or removed with meals. Your doctor will explain the most appropriate way to use it.
- When the elements of removable braces are placed on your teeth, they may be sore for the first week and may affect your daily chewing functions. It is also normal to have sensitivity and pain in your teeth as a result of the activation of the braces during appointments. In the case of a screw appliance, the feeling of pressure on your teeth as a result of each turning of the screw is normal and will decrease and disappear within 1-2 days. Apart from this, in case of persistent and increasing pain or if you encounter a problem that stings, stings or hurts, contact your dentist by phone.
- On the first day of wearing the appliance, your speech may become slurred. This is a temporary period lasting at most 1 week. During this period, reading something aloud and talking a lot will shorten this process. Increased salivation and the desire to spit out is normal for the first few days of wearing the appliance. Continue to use your appliance.
- If oral hygiene is not maintained throughout the treatment and teeth are not brushed regularly, discoloration, scars and decay may occur.
- It is important for the health of your gums and soft tissues (gums, palate, lips). Without proper cleaning, soft tissue irritations and various infections can be observed. For this reason, after each meal, you should brush your teeth and your appliance by holding the acrylic part of the appliance and brushing as recommended by your dentist. However, sometimes sores may occur in the mouth while using these appliances. If you encounter such a situation, if you contact us, the parts that cause these sores will be corrected.
- The movable appliances are made of a substance called acryl. Allergy to this substance can develop very rarely. In this case, contact your doctor immediately.
- In case of loss of the appliance, you should contact your physician immediately and have it reconstructed according to the stage of treatment. You should be aware that the necessary fee or the material needed will be covered by you.
- Depending on the course of treatment, the appliance may need to be made again. You must comply with your physician's requests in case of additional fees.
- Fixed functional appliances such as RME, Herbst appliance can come out of the patient's mouth. If this happens, you should contact your physician immediately and your appliance should be reattached.
- During the use of the removable appliance, hard foods such as plums, nuts, walnuts and sticky substances such as chewing gum cause the appliance to break and deteriorate its structure. It is very important for the course of your treatment to avoid such foods during your treatment. We think you will help us in this matter and thank you.

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



HHD. RB.27	YT:14.01.2015	REV.NO:01	REV.T: 18.04.2022	SY.NO: 02
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ORTHODONTIC DIAGNOSIS

As a result of our clinical and radiological evaluations The orthodontic problems we detected in our patients are listed below.

RECOMMENDED TREATMENT

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

TREATMENT PROCESS

Our patient The duration of active orthodontic treatment is as described in detail above, Although it varies from patient to patient, it is estimated to be approximate. 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.....

I was informed about the existing problems in the mouth and teeth related to the orthodontic treatment recommended in the clinic, 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. 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 following the recommendations and practices of the physician regarding the treatment may directly affect the treatment results. My/our signature below confirms that I/we have read and understood all the information contained on these pages and that all blanks on these pages have been filled in before my/our signature.

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.

<p>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 written below in the patient's/relative's OWN HANDWRITING).</p>	
<p>.....</p> <p>PATIENT/RELATIVE/GUARDIAN</p> <p>FULL NAME</p> <p>DATE:.....</p> <p>CLOCK:.....</p> <p>SIGNATURE</p>	<p>THE PHYSICIAN PROVIDING THE INFORMATION</p> <p>FILENAME.....</p> <p>DATE:.....</p> <p>CLOCK:.....</p> <p>SIGNATURE/SIGNATURE</p>