

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

Overdenture Prosthesis **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		

Removable prostheses made over a small number of remaining natural teeth, roots or implants are called overdentures or implant overdentures. When the roots of natural teeth are kept in the mouth, the retention of the prosthesis is increased and the loss (resorption) of the jaw bones is prevented because the roots are not extracted. The patient feels more comfortable in terms of chewing and psychologically. When there are excessively curved, crooked and elongated teeth that will create incompatibility with the part to be prosthesis, instead of losing these teeth, their length can be shortened and telescope crowns called telescope crowns, interlocking crowns or sensitive retainers can be applied on them. Such approaches, in which the abutment tooth remains in the prosthesis and a removable prosthesis is applied on it, are known as overdenture or implant overdenture prostheses.

INFORMATION

INSPECTIONS

Intraoral (Intraoral) Radiographic Examination:

To be performed

At the beginning of treatment, during treatment and after treatment for control purposes, it may be necessary to take X-rays of the tooth / surrounding tissues inside the mouth in order to examine the tooth and surrounding tissues in detail. The procedure is performed by placing the X-ray film inside the mouth. In case of pregnancy, X-rays are not taken except in emergencies and in cases where it is necessary to take X-rays, the patient is provided with a minimum dose of X-rays by wearing a lead apron.

What is expected from radiographic examination: Detailed examination of the complaint area to determine 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: The patient's nausea reflex may be triggered during X-ray filming, resulting in nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

Extraoral Radiographic Examination:

To be performed

X-rays of the maxillofacial region may be required at the beginning of treatment, during treatment and after treatment for control purposes in order to examine the teeth and surrounding tissues in detail. 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 they are required, the patient is provided with a minimum dose of X-rays by wearing a lead apron.

Expectations from radiographic examination: Detailed examination of the complaint area and determination of 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: Since it is necessary to remain motionless for at least 20 seconds during the procedure, if you move, the film may come out badly and may be retaken. If protective measures are not taken in pregnant women and children, radiation sensitive organs may be affected.

TREATMENT and PROCEDURES

Local Anaesthesia performed

To be

Local anaesthesia is used to control

pain during the treatment. If necessary, the gum or the inner part of the cheek is numbed with a topical anaesthetic (spray).

What to Expect from Anaesthesia The anaesthetic liquid is injected with a syringe and the tooth and the area where it is located are numbed for a while. After 2-4 hours, the effect of the anaesthetic disappears. **If local anaesthesia is not administered**, the procedure either cannot be performed because it would be too painful or it is 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 anaesthesia, although rare. If there are anatomical differences

or acute infections in the area, anaesthesia may fail. The locally anaesthetised area is numb for approximately 2-4 hours. For this reason, eating and drinking is not recommended until the numbness disappears to prevent the formation of wounds on the inside of the cheek and lip due to biting.

Expectations from Treatment: To complete your missing teeth, to enable you to fulfil your chewing function better, to obtain a more aesthetic appearance by replacing missing teeth and tissues in the mouth, to improve your speech, to protect your existing teeth, to prevent jawbone loss by keeping healthy teeth and roots in the mouth or by implant applications, to make a better functioning and more conservative prosthesis, to facilitate compliance with the prosthesis with a more conservative prosthesis.

Possible Problems and Risks:

- Caries and gum diseases may occur in the support teeth and roots if oral care is not taken care of and check-ups are not made. The decay or loss of your teeth or roots requires repair or replacement of the prosthesis. This brings an additional cost to the patient.
- In cases where the bone is prominent in the area around the support teeth, aesthetic problems may occur.
- The cost of overdenture prostheses on teeth or implants is higher than conventional prostheses.
- The stages of making your prosthesis are longer and require more precise work than classical removable prostheses.
- Cracks and fractures in the prostheses, throwing and protrusion of artificial teeth, loosening, fracture or deterioration of the prostheses and overdenture or over-root retaining structures can be seen over time. Depending on the loosening of the prostheses, it may be necessary to prime or feed at certain intervals. In some cases, the retaining parts may need to be replaced. These bring an additional cost to the patient. You should consult your physician at regular intervals for these procedures.
- Implant overdenture prostheses are high-cost prostheses. The implant retaining parts loosen over time and need to be replaced at regular intervals. The financial responsibility of these renewed parts belongs to the patient. Depending on the loosening of the prostheses, lining or feeding may be required at certain intervals. In order to keep the implants in the mouth for a long time, it is necessary to maintain oral care and keep the prostheses clean.

If the recommended treatment is not followed: The retention of natural teeth or roots in the mouth reduces the retention of the prosthesis. Loss of jaw bones (melting) may occur. If teeth or roots are lost, the patient's sense of perception in the mouth decreases. As a result of long-term toothlessness, jaw joint disorders may occur.

Things to Consider After Treatment:

- Use your prostheses very carefully in accordance with the recommendations of the physician. Regular daily cleaning and maintenance of prostheses, teeth or implants in accordance with the recommendations of your physician, removing the prostheses every evening and keeping them in a container filled with water when they are not worn.
- Avoid cleaning agents used for different purposes (e.g. bleach, dishwashing and laundry detergents). These substances destroy the structure of the prosthesis and are extremely dangerous

for general health. Your physician is not responsible for any deterioration of the prosthesis caused by substances used for cleaning.

- Do not perform any operations such as abrasion or gluing on your prosthesis without the control of your physician.

- To come to regular controls after the end of your prosthesis. In these controls, small problems that you may not notice will be solved before they turn into bigger problems.

- Do not forget that your prostheses also have a lifespan. Your prostheses may need to be renewed approximately every four to five years. Otherwise, the adaptation of your prosthesis to changing tissues will deteriorate and use will become difficult.

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)

PATIENT'S/RELATIVE'S/GUARDIAN'S

FULL NAME :.....

DATE:.....

TIME:.....

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME.....

DATE:.....

TIME:.....

SIGNATURE/SIGNATURE