DEPARTMENT OF PERIODONTOLOGY BIOMATERIAL APPLICATIONS INFORMED CONSENT FORM

File Number: **BARKOD:**

Patient Name and Surname:

Dear Patient /Legal Guardian;

The purpose of this Informed Consent form is to ensure that you are informed in writing and verbally about the possible side effects that may be encountered during all procedures/applications to be applied for your treatment, to document your acceptance of the examination and treatment with knowledge of these, to obtain your consent, and to be signed.

• Whether or not to give consent to the procedure after learning about the benefits and possible risks of medical treatment is still within your own decision.
• Before starting treatment, it is important to share with your doctor whether you have had any systemic, infectious diseases, or allergies.
• Despite the high success rate of all treatments, it cannot be guaranteed, and therefore it should be understood that treated teeth may require extraction, and treatment and the disease may recur in the future.
• If you wish to exercise your right to refuse or terminate treatment, please inform your doctor.
• During working hours (8:30 AM - 4:30 PM), you can reach the clinic where you received treatment/procedure by calling 0246 211 33 47 to access medical assistance when needed, using internal extensions.
• This form is prepared in duplicate, and one copy is given to the patient. Even after your approval, if the procedure has not started, you have the right to withdraw your consent.
• For relevant opinions, suggestions, thanks, and complaints about our services, you can contact the Patient Rights Unit, drop them into the suggestion/complaint boxes at our center, submit them through the "Contact Us" section on our website.

Your Diagnosis / Preliminary Diagnosis:
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				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			

BIOMATERIAL APPLICATION

Definition of the Procedure: Any substance, surface, or structure that interacts with biological systems is referred to as a biomaterial. Biomaterials can be derived from nature or synthesized in the laboratory using metallic components, polymers, ceramics, or composite materials. Medical devices made from biomaterials are typically used to replace or enhance a natural function. Examples include heart valves, hip prostheses, and materials regularly used in dentistry and surgery. Biomaterials play a critical role in contemporary medical applications, primarily because they help restore function or facilitate healing in the affected area after injury or illness. Biomaterials can be natural or synthetic and are used in medical applications to support, enhance, or replace damaged tissue or biological function.

In periodontology, biomaterials applied can be obtained from the patient themselves, or they may be obtained from different individuals or species (such as bovine), sterilized, and then packaged in a ready-to-use form. The particle size of the biomaterial and the required volume/package number may vary depending on the form and severity of bone destruction. After application to the site of bone destruction, if deemed necessary, the area can be covered with a membrane, a protective covering, and later closed by repositioning the flap for proper healing.

Who Will Perform the Procedure and where it will be applied: The procedure will be performed by the faculty members of the Department of Periodontology and dentists in postgraduate education (doctorate or specialty) and in the Periodontology Clinic.

Expected Benefits of the Procedure: The anticipated benefits of the treatment include the improvement of any part of the body, whether natural or synthetic, for potential use in repairing organs or tissues, and the restoration of lost or impaired bodily functions after the completion of the treatment.

Patients Abbreviated Signature

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Possible Side Effects, Risks, and Complications: During the treatment, local anesthesia application (numbing with spray, gel, or injection) may be necessary. Mild pain may be felt during the treatment. In the first 1-2 days, there may be pain, bleeding, slight swelling, abscess, or changes in skin color (bruising), and it is crucial to adhere to the doctor's recommendations to minimize these effects. The response (healing) of the living tissue, the gums, to the treatment varies from patient to patient. Live cells may rarely react to the biomaterial and cause an allergic reaction. Therefore, there may be cases where the treatment response is not achieved, and repeated sessions may be necessary. The first follow-up appointment after the necessary gum treatments is usually scheduled 10 days later, with subsequent check-ups typically occurring at 1, 3, and 6-month intervals. While complete healing may occur as a result of this treatment, in cases deemed necessary, other advanced periodontal surgical treatments may also be recommended.

APPROVAL:

I acknowledge that during the diagnosis and treatment by the dentist:
Consultations may be sought from other healthcare professionals, and they may participate in the treatment process.
Oral, Dental, and Maxillofacial Radiology doctors, intern dentists, dental technicians, and radiology technicians may be present during my X-ray sessions.
My identity information will be kept confidential, and my medical history, radiological images, photographs, and test results (pathology report, laboratory results, etc.) may be used for diagnostic, scientific, educational, or research purposes.
Local anesthesia may be administered as part of the diagnostic method, procedure, or treatment, and adherence to appointments and compliance with the dentist's recommendations and practices during the treatment can directly impact the treatment results.
I have been informed of these aspects.

I have been informed about the Implementation Communiqué issued by the Social Security Institution (SGK) regarding the relevant treatments. I have been informed that invoices related to items for which the SGK does not make payments for the materials used during the stages of the treatment need to be paid by me.

I am aware of my right to refuse or terminate treatment. I find verbal and written information sufficient. I have read, understood, and approve the "Informed Consent Form" for all examinations and treatments to be performed.

Dear Patient, Being informed about the procedures related to your health condition and the diagnostic or treatment recommendations, including the benefits/risks, risks, and alternatives, gives you the right to accept, partially, or completely reject the treatment, and to stop any procedures at any stage! This document, which we want you to read and understand, is not intended to frighten you or keep you away from medical practices; rather, it is prepared to inform you, determine whether you consent to these practices, and obtain your approval. This consent form consists of 2 pages and has been prepared in duplicate according to Article 70 of Law No. 1219 and Article 26 of Turkish Penal Code No. 5237, with one copy given to the patient/legal representative.

I HAVE BEEN INFORMED ABOUT THE TREATMENT RELATED TO MY ILLNESS, **AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT**
(Note: This statement will be printed below in the patient's/family member's **OWN HANDWRITING**..)

…….

THE NAME AND SURNAME OF THE PATIENT/PATIENT'S RELATIVE/ PATIENT'S GUARDIAN:……

DATE:……
TIME:……..

SIGNATURE

THE NAME AND SURNAME OF THE PHYSICIAN PROVIDING THE INFORMATION.

…..……
DATE:…….
TIME:……..
SIGNATURE

Patients Abbreviated Signature