



HD.RB.51 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/1

File No:

BARCODE

Patient Name and Surname:

Dear Patient / Legal representative;

The purpose of this CONSENT form; It 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 that you accept the examination and treatment knowing these, and to obtain your approval and sign it.

- After learning the benefits and possible risks of medical treatment It is still up to you to consent to the procedure to be performed or not.
- Before starting the treatment, it is important to share with your physician any systemic, infectious diseases or allergies you have had;
- The success rate of all treatments is very high. It should be known that although it is not guaranteed, the treated teeth may need to be extracted, and the treatment and the disease may recur in the future.
- If you want to exercise your right to refuse or terminate the treatment, please inform your physician.
- To reach medical assistance when necessary, you can call 0246 211 33 47 and reach the clinic where you had the treatment/procedure during working hours (8.30-16.30).
- This form is prepared in two copies; one copy is given to the patient. You have the right to withdraw your consent if the transaction has not been initiated even after your approval.
- For your comments, suggestions, thanks and complaints about our services; you can apply to the patient rights unit, send them to the wish-complaint and suggestion boxes at our Center, send them to us from the Write to Us section on our website.

Diagnosis/Pre-Diagnosis:.....

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						

LASER APPLICATIONS

Definition of the Procedure: Laser in periodontal treatment; It can be used in cases such as cutting tissues (gingivoplasty, vestibuloplasty, etc.), removing dark colors on the gingiva, treating herpes and canker sores, providing hemostasis (bleeding control), eliminating hot and cold sensitivity in the teeth. They can also be used in the treatment of periodontitis and peri-implantitis (gingival disease around the implant), and to ensure sterilization and disinfection within the periodontal pocket by eliminating bacteria.

By whom and where the procedure will be performed: 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 from the Procedure: Laser applications accelerate wound healing and reduce pain, edema (swelling) and inflammation. It is also known that some laser types have biostimulative (accelerating tissue healing) effects on tissues. Clinically, more successful results are achieved. The procedures are less invasive and less traumatic.

Possible Side Effects, Risks and Complications: Direct contact of the laser beams used with the eyes is harmful. For this reason, patients, physicians and allied health personnel wear protective glasses. During planned treatments and procedures, local anesthesia-related or routine surgical complications may develop. These risks; pain and discomfort during treatment, swelling, infection, bleeding, injury to the adjacent tooth and soft tissue, temporomandibular joint disorder, temporary or permanent numbness and allergic reactions, fever, weakness, death as a result of septicemia, reversible or permanent damage to the tissue due to nerve injury, numbness or paralysis, the need to remove existing dentures and replace them after treatment, loosening of teeth.

Estimated Duration of the Procedure: although the procedure time varies depending on the extent of the operation, its complexity and complications during the procedure, it can last between 30 minutes and 1 hour on average.

Problems that may be encountered if the procedure is not performed: Apart from cutting tissues, laser applications are mostly complementary treatments to periodontal treatments. If the application is not performed, the contributions of laser treatment to tissue healing will not be achieved.

Critical Lifestyle Recommendations for Your Health: Things to consider after surgeries also apply to laser applications. Read and follow the list of things to be considered after the operation. After the surgical procedure, do not eat or drink anything until the effect of local anesthesia wears off (approximately 2-4 hours). You should stay away from hot food and drinks in the first 24 hours after the operation. Chewing should be done with the area not included in the operation. Soft and warm foods are suitable. Acidic fruit juices, alcoholic drinks and spicy foods should be avoided. Otherwise they will cause pain. In the days following the operation, smoking should be avoided as it will irritate the gums, jeopardize healing and increase the temperature inside the mouth. For 2 weeks following the operation, removable prostheses, if any, should be used as little as possible. The lip and cheek should not be lifted to look at the stitches in the operated area. There may be slight swelling. You can prepare an ice pack and apply it externally on the operation area on the first day. There may be some leakage from the surgical site in the first 4-5 hours after the operation. This will give your saliva a red color. In this case, do not panic and if the leakage continues, you can roll a clean gauze pad and apply it to the bleeding area for about 20 minutes. In case of longer bleeding, consult your doctor. You may feel chills and weakness in the first 24 hours after the operation. This is normal and there is no need to worry. You can continue your daily activities, but sports that require excessive effort should not be practiced. Follow your doctor's prescription for recovery after the operation. If your doctor recommends antibiotics, use them as prescribed. If you have pain after the operation, you can take painkillers. In this case, aspirin or similar salicylic acid derivatives should not be taken. You can apply normal brushing procedures to the non-operated areas. Brush the chewing surfaces of the teeth in the operation area. If the pat has not been applied, you can also brush the teeth in that area. However, do not go under the gingiva when flossing. If your doctor recommends, you can use the recommended mouthwash after brushing.

Alternative: Planned surgical procedures can also be performed using the classical method.

APPROVAL:

During the dentist's diagnosis and treatment;

Consultation can be requested from other physicians and they can participate in the treatment process,

Oral and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians can take part in my filming,

My history and anamnesis information can be kept confidential while my identity information is kept confidential. My radiological images, photographs, examination results (pathology report, laboratory results, etc.) can be used for diagnostic, scientific, educational or research purposes,

Local anesthesia may be applied as a part of these procedures during the diagnosis method, intervention or treatment, and it was explained to me that following the doctor's recommendations and practices regarding treatment can directly affect the treatment results.



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I was informed about the Implementation Communiqué published by the Social Security Institution (SGK) regarding the relevant treatments. I have been informed that I must pay the invoices for the items that SSI does not pay for the materials to be used during the stages of the treatment.

I know that I have the right to refuse or terminate the treatment. I find all verbal and written information sufficient. I have read, understood and approved the "Informed Consent Form" for all examinations and treatments. To be; accept or partially/completely reject treatment; You have the right to stop the transactions at any stage! This document, which we want you to read and understand, has been prepared not to scare you or keep you away from medical practices, but to inform you, determine whether you consent to these practices, and obtain your consent. This consent form consists of 1 page and was prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, one copy of which was given to the patient/legal representative of the patient.

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