

File Number:

BARCODE

Patient Name-Surname:

Dear Patient / Legal representative;

The purpose of this 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 that you accept the examination and treatment by knowing these, to obtain your consent and signature.

- Once you have learned about the benefits and possible risks of medical treatment, it is up to you to decide whether or not to consent to the procedure.
- Before starting treatment, it is important that you inform your dentist/physician about any systemic, infectious or contagious diseases or allergies you may have;
- Although the success rate of all treatments is very high, it should be known that it cannot be guaranteed, so the treated teeth may need to be extracted, and the 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.
- If necessary, you can reach the clinic where you received treatment/procedure during working hours (8.30-16.30) by calling 0246 211 33 47 for medical assistance.
- This form is issued in two copies; one copy is given to the patient. If the procedure has not started even after your approval, you have the right to withdraw your approval.
- For your opinions, suggestions, thanks and complaints about our services; you can apply to the patient rights unit, you can throw it in the wish-complaint and suggestion boxes in our center, you can send it to us from the Write to Us section on our website.

Diagnosis/Pre-diagnosis:.....

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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						

PHRENOMY/PHRENECTOMY

Definition of the Procedure: The connection areas of the lips with the gingiva are called frenulum. In some patients, these connections may cause gingival recession by causing strong muscle traction. In order to prevent this, the frenulum connections are incised and/or completely eliminated and sutured in the relevant area.

By whom and where the procedure will be performed: The application will be performed in the Periodontology Clinic by Periodontology Department Faculty Members and Dentists who have postgraduate education (doctorate or specialty).

Expected Benefits of the Procedure: It can be done to create a natural and smooth gingival tissue around the tooth, to facilitate orthodontic treatment, to prevent and eliminate periodontal diseases, and to facilitate tooth brushing.

Possible Side Effects, Risks and Complications: Local anesthesia (with spray, gel or injection) may be required during treatment. Mild pain may be felt during treatment. Gingival treatment may require removal of existing dentures and replacement of these dentures with new ones after gingival treatment. In the first 1-2 days, pain, bleeding, mild swelling, abscesses or skin discoloration (ecchymosis) may occur (to prevent these, the doctor's recommendations should be followed to the maximum extent). The response (healing) of the gum, which is a living tissue, to the treatment varies from patient to patient. Therefore, there may be cases where there is no response to the treatment and repeated sessions may be required. After the necessary gingival treatments, the first follow-up appointment is made after 10 days, and the following controls are usually made at 6-month intervals. As a result of this treatment, there may be complete recovery, or advanced periodontal surgical treatments may be recommended when deemed necessary.

Estimated Duration of the Procedure: 15-30 minutes including anesthesia.

Patients Abbreviated Signature

Problems that may be encountered if the procedure is not performed: Due to the pulling force caused by muscle connections, prosthesis may not be applied to the area, and since mucogingival problems may continue, your gingival recession may increase and even tooth loss may occur as a result.

Critical Lifestyle Recommendations for Health: 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 (gingiva), 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.

Alternatives: No periodontal surgical procedure other than tooth surface cleaning and root surface smoothing and frequent check-ups.

APPROVAL:

During diagnosis and treatment, the dentist may ;

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

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,

During the diagnostic method, intervention or treatment, local anesthesia may be applied as part of these procedures, attending the appointments without interruption and complying with the physician's recommendations and practices regarding the treatment may directly affect the treatment results, it was explained to me.

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 must be paid by me.

I know that I have the right to refuse or terminate 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 performed.

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 3 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.

Patients Abbreviated Signature

I HAVE BEEN TOLD ABOUT THE TREATMENT OF MY DISEASE **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

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME :.....

FULL NAME:.....

DATE:.....

DATE:.....

TIME:.....

TIME:.....

SIGNATURE

SIGNATURE/SCRIPTURE