



HD.RB.73 | YT:18.04.2022 | REV.NO:00 | REV.T: 00.00.20 | S.NO: 1/3

File Number: BARCODE

Patient Name and Surname:

Dear Patient, Dear Parent/Legal Representative:

The purpose of this form is to inform you about the treatment/procedure to be performed and to obtain your consent. Please read each item carefully.

This information form describes the platelet-rich fibrin (PRF) procedure performed in clinics; it also aims to provide information about possible risks that may arise due to the procedure, treatment methods, expected benefits from the treatment, situations that may arise if treatment is not received, and the responsibilities of the patient. After reading this form, you can ask your doctor any other questions you may have about the procedure. In order for the procedure to be performed, this consent document must be read and signed by the patient. If the patient cannot give consent due to age or medical reasons, it is read, filled out and signed by his/her Attorney/Legal Representative.

LOCAL ANESTHESIA:

***Possible causes of the disease and its course and expected benefits from the procedure:** PRF application may be required in surgical procedures. Before the procedure is performed, local anesthesia is applied to numb the area.

***Who will perform the medical intervention, where, in what way and how, description of the procedure and its estimated duration:** The process of anesthetizing a certain part of the body is called local anesthesia. The estimated time that local anesthesia will be applied to the patient is between **3 and 5 minutes**. Local anesthesia will be performed by your clinician in the clinic you apply to. If any complications occur after local anesthesia, your interventions can be performed in the clinic or in emergency rooms.

***Other diagnosis and treatment options (alternatives to the procedure) and the benefits and risks of these options and their effects on the patient's health:** The alternative to the current procedure is sedation or general anesthesia. However, sedation and general anesthesia procedures are performed by an anesthesiologist under operating room conditions.

***Possible Risks/Complications:** Syncope (fainting) due to fear, excitement or hunger may occur after local anesthesia. Difficulty opening the mouth, called trismus, may occur, but this situation resolves spontaneously in 2 to 3 weeks. Pain or edema may occur during anesthesia. As a result of the nerves adjacent to the anesthetized area being affected, facial paralysis (temporary facial paralysis), temporary strabismus, temporary blindness, temporary muscle weakness, temporary earlobe, nose and tongue numbness may occur. These resolve completely when the effect of anesthesia wears off, but the patient can also traumatize himself if he scratches, bites or chews the anesthetized area. Sometimes the anesthesia may not work and it may need to be repeated. Although very rare, side effects due to allergic reactions (Angioneurotic edema, Anaphylactic shock, Hypertension, Redness and Skin rashes, etc.) may occur after the use of these anesthetic substances.

***Possible benefits and risks that may arise in case of refusal:** If local anesthesia is not applied, the patient may feel severe pain during the procedure, faint (syncope), go into pain shock and cause increased bleeding after the operation.

***Important Properties of the Drugs to be Used:** Articaine, bupivacaine, lidocaine, mepivacaine, prilocaine, benzocaine, etc. are used to provide local anesthesia in dentistry. Active anesthetic substances are used. When local anesthetic substances are applied to the area to be shot, they temporarily stop nerve conduction and provide numbness **for 1-4 hours , depending on the amount of the substance used and the location of application**. Pain, swelling, burning, infection, temporary or permanent nerve damage and unexpected allergic reactions may develop during and after local anesthesia application. Allergic reactions; Itching, rash, nausea, vomiting, difficulty breathing, increase (tachycardia) or decrease (bradycardia) in heart rate may occur with a very low probability of death.

***Lifestyle Recommendations Critical to Your Health:** If you have a history of allergy to local anesthesia, heart disease, blood diseases, high blood pressure, a systemic disease, pregnancy, any medications used, or any other general health-related disorder, be sure to warn your physician. Your doctor is not responsible for any problems that may occur due to misrepresentation. Excessive use of alcohol and cigarettes weakens the effect of anesthesia.

***How to Get Medical Assistance When Necessary:** When possible side effects occur, life-saving medications such as Antihistamine, Adrenaline, Cortisone and emergency medical intervention are administered to the patient by the responsible physician, relevant healthcare personnel and the code blue team.

Patient/Parent or Legal Representative, please mark the current diseases of the patient/patient in the list below:

| | | |
|---|---|-------------------------------------|
| <i>Heart diseases (bypass-balloon)</i> | <i>Sara (epilepsy)</i> | <i>infectious disease</i> |
| <i>Blood pressure (high-low)</i> | <i>Asthma</i> | <i>Jaundice (Hepatitis BC)</i> |
| <i>Diabetes</i> | <i>Eye pressure (glaucoma)</i> | <i>AIDS (HIV)</i> |
| <i>Blood thinners (aspirin, coumadin)</i> | <i>liver related disease</i> | <i>Goiter</i> |
| <i>bleeding problem</i> | <i>Systemically significant disease</i> | <i>Suspected/definite pregnancy</i> |
| <i>Cancer (chemotherapy-therapy)</i> | <i>Drug use (alcohol-cigarettes)</i> | <i>Allergy</i> |

Patients Abbreviated Signature



HD.RB.73 | YT:18.04.2022 | REV.NO:00 | REV.T: 00.00.20 | S.NO: 2/3

| | | | | | |
|--------------------------------|--|-------------------------|--|----------------------|--|
| <i>Kidney failure-dialysis</i> | | <i>Organ transplant</i> | | <i>medicine used</i> | |
|--------------------------------|--|-------------------------|--|----------------------|--|

PLATELET RICH FIBRIN (PRF) APPLICATION

1) Possible causes of the disease and how it will progress and expected benefits from the procedure : PRF is a promising material that can be used in the treatment of gingival recession, treatment of intrabony defects, elevation of the sinus wall, and treatment of furcation problems. It can be used alone or with bone grafts. PRF is obtained by taking blood from the patient's arm and centrifuging it for a certain time and speed. The main purpose and expectation in the use of PRF is to increase the healing rate and potential of hard tissue and soft tissue.

2) By whom, where, in what way and how the medical intervention will be performed, description of the procedure and its estimated duration: The surgical procedure begins with the application of local anesthesia to the operation area by the dentist in the office environment. PRF is obtained by taking approximately 8-10 ml of blood from the patient's arm and centrifuging it at a certain time and speed. It is surgically placed in the area where PRF is planned to be placed.

3) Other diagnosis and treatment options (alternatives of the procedure) and the benefits and risks of these options and their effects on the patient's health: If PRF is not applied; additional benefits of its use (acceleration in wound healing, better blood supply to the surgical area, etc.) will not be obtained. Alternative treatment methods such as laser application and the use of herbal wound healing drugs can be used. Since these alternative treatment options accompany surgical application, they may cause bleeding, pain, etc. In addition to surgical complications, undesirable effects such as allergy, hypersensitivity, and delayed wound healing may occur. Or periodontal surgery can be performed without any additional treatment.

4) Possible risks/complications: During the treatment, local anesthesia (numbing with spray, gel or injection) may be required. Mild pain may be felt during the treatment. Gum treatment may require removal of existing dentures and replacement of these dentures with new ones after gum treatment. In the first 1-2 days, pain, bleeding, slight swelling, abscess or skin color change (ecchymosis) may occur (To prevent these, the doctor's recommendations should be followed to the maximum extent). The response (healing) of the gingiva, which is a living tissue, to the treatment varies from patient to patient. Therefore, there may be cases where there is no response to treatment and repeated sessions may be required. Depending on the severity of gum disease, situations such as gaps in the teeth, gum recession, and easier food accumulation between the teeth may occur. After the treatment, bleeding and hot-cold sensitivity may occur in the teeth. When you press on the teeth, slight pain may be felt. After the necessary gum treatments, the first check-up appointment is made 10 days later, and subsequent checks are generally made at intervals of 1, 3, 6 months. While complete recovery may occur as a result of this treatment, advanced periodontal surgical treatments may also be recommended when deemed necessary.

5) Possible benefits and risks that may arise in case of rejection: Additional benefits for the use of PRF will not be obtained. Alternative treatment methods can be used.

6) Important Features of the Drugs to be used: Local anesthesia must be applied during the treatment.

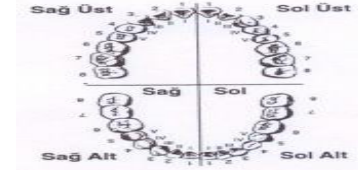
7) Lifestyle Recommendations Critical for Health: Do not eat or drink anything for 2 hours after the surgical procedure. Do not consume hot food and drinks within the first 24 hours after the operation. Chewing should be done with the area not included in the operation. Soft and warm foods are suitable. Acidic fruit juices, alcoholic beverages and spicy foods should be avoided. Otherwise they will cause pain. You should not smoke in the days following the operation. Smoking should not be done after the surgical procedure as it will irritate the gums, jeopardize healing and increase the temperature inside the mouth. For 2 weeks following the operation, dentures, 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 on the operation area and apply it externally on the first day. If you do not have a high blood pressure problem, rinse your mouth slowly with a glass of warm water in which you add a teaspoon of salt. There may be some leakage from the surgical area within 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 up a clean gauze and apply it to the bleeding area for about 20 minutes. For longer-term bleeding, consult your doctor. Chills and feelings of weakness may occur in the first 24 hours after the operation. This situation is normal and there is no need to worry. You can continue your daily activities, but sports that require excessive effort should not be done. For post-operative recovery, follow the prescription prescribed by your doctor. If your doctor recommends it, use antibiotics as described. If you have pain after the operation, you can take painkillers. In this case, aspirin or similar salicylic acid derivative drugs should not be taken. If no paste has been applied, you can also brush the teeth in that area. If your doctor recommends it, you can use the recommended mouthwash after brushing.

8) How to Access Medical Assistance When Needed: It can be reached from oral and dental health centers and periodontology departments of our faculty. When possible side effects occur, emergency interventions will be carried out by the responsible physician and relevant healthcare personnel. If you encounter any complications after leaving our institution; you can contact your own clinician or our center's emergency clinic.



HD.RB.73 | YT:18.04.2022 | REV.NO:00 | REV.T: 00.00.20 | S.NO: 3/3

Procedures to be Applied to the Patient:



Consent Statement of the Patient, Parent or Legal Representative:

- The necessity of the planned treatment/procedure, the course of the treatment/procedure and other procedure options, their risks, the consequences that may occur if I do not accept the treatment/procedure, the probability of success of the procedure/treatment and its side effects WERE EXPLAINED IN DETAIL VERBALLY BY MY PHYSICIAN. I also obtained detailed information by **READING THIS CONSENT FORM.**
- I understood the issues I need to pay attention to after the treatment/procedure. Necessary explanations were given to me about my health condition and all my questions were answered in a way I could understand.
- I obtained information about the dentist who will perform the treatment/procedure. I am of sound mind and consider myself capable of making decisions. I know that I do not have to consent to the treatment/procedure if I do not want it.
- I KNOW THAT I HAVE THE RIGHT TO REFUSE AND TERMINATE TREATMENT. (If you refuse the treatment, please write and sign in your own handwriting in the dotted area below: **I REFUSE TO GET TREATMENT**)
- It was explained to me that undesirable conditions such as possible allergies and other side effects may occur after local anesthesia.
- When possible side effects occur, I allow the treating physician and relevant healthcare personnel to use therapeutic medications such as Antihistamines, Adrenaline, and Cortisone.

Dear Patient, To have information about your health condition and the benefits/harms, risks and alternatives of the procedures for the diagnosis or treatment recommended for you; 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 4 pages 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 read and/or been told and understood everything written in this 4-page consent form. I was allowed to ask questions about the procedures to be performed and my questions were answered. I agree to have the relevant treatment/procedure performed on me.

The following This 4-page consent must be written in your own handwriting on the dotted line: **' I HAVE READ, UNDERSTOOD, ACCEPT, AND HAVE RECEIVED A COPY OF THE CONSENT DOCUMENT BY HAND.'** Write and sign.

.....
.....

| <u>Patient's Name and Surname Signature</u> | <u>Name and Surname Signature of the Parent/Legal Representative</u> |
|---|--|
| | |
| Date: Time:/...../20../..... | Date: Time:/...../20../..... |

As the Dentist who will perform the platelet-rich fibrin (PRF) procedure, you will inform the Patient/Parent/Legal Representative patient's condition, the need for treatment, the possible causes of the disease and how it will progress, where and how medical intervention will be provide and how it will be done and its estimated duration, other diagnostic and treatment options and the benefits and risks of these optio patient's its effects on health, possible complications, possible benefits and risks that may arise in case of rejection, important features of the medications to be used, lifestyle recommendations that are critical for one's health, and how to seek medical necessary. I explained what you can achieve and what you need to pay attention to.

Patients Abbreviated Signature



HD.RB.73 | YT:18.04.2022 | REV.NO:00 | REV.T: 00.00.20 | S.NO: 4/3

I gave the patient/Parent/Legal Representative the opportunity to discuss their feelings and thoughts and answered all their questions. Patient/Parent/_The Legal Representative stated that he understood my explanations.

Dt. Name Surname Signature

Name and Surname Signature of the Interview Witness

.....

.....

Date: Time:

...../...../20../...../.....

Date: Time:

../...../20../...../.....