



HD.RB.46 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/2

File No:

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 :

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						

SCALING AND ROOT PLANING (DETARTRAGE AND SUBGINGIVAL CURETTAGE):

Definition of the Procedure: Scaling is the procedure to remove the calculus/tartar, which can be noticed on the teeth with its yellow or brownish color, which is formed by the hardening of bacterial plaque on the teeth. The process of removing calculus/tartar and irregularities on the root surface is called 'root surface planing'. Scaling and root planing are done with hand and/or ultrasonic instruments. Its purpose is to restore the health of the gingival tissue by removing the calculus/tartar and diseased/dead tissue accumulated on the tooth surface and under the gingiva (on the root).

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 of the Procedure: Periodontal diseases are inflammatory diseases that affect the gingiva and other tissues support the teeth. Periodontal diseases are responsible for 70% of tooth loss in adults. The most important cause of gingival disease is the sticky and colorless film layer called "bacterial dental plaque" that accumulates on the teeth. Removing dental plaque through daily brushing and flossing is a basic requirement for a healthy mouth. If plaque is not effectively removed from the teeth, it turns into an irregular and permeable structure known as calculus or tartar. Harmful products released by bacteria in plaque cause irritation in the gingiva. Due to these products, the fibers that firmly connect the gingiva to the tooth are destroyed, the gingiva moves away from the tooth and a periodontal pocket is formed. This makes it easier for bacteria and products to move into deeper tissues. At this stage, the disease is called periodontitis. As the disease progresses, the pocket becomes deeper, the bacteria move deeper; it progresses to the bone and destruction begins in the alveolar bone that supports the tooth. If the disease is left untreated; eventually the teeth become loose and may need to be extracted. Periodontal treatment aims to stop and prevent this process.

Possible Side Effects, Risks and Complications: Injuries to the tongue, lips and mucosa may occur due to the patient's sudden reactions during the procedure. Mild pain and bleeding may be felt during 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). If oral hygiene is not taken into consideration after the procedure, calculus/ tartar, bleeding gingiva and bad breath may occur again. After the treatment, a feeling of emptiness may develop due to the removal of calculus/tartar. Dense calculus/tartar masks the loosening of existing teeth. After the calculus/tartar is removed, tooth loosening and increased mobility may occur. Following healing, gingival recession may occur. The amount of gingival recession depends on the initial depth of the periodontal pocket and the degree of disease (periodontitis). As a result, some parts of the tooth root may be exposed, causing the tooth to appear longer and are more sensitive to cold and heat. 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. It may take 3-4 weeks for tissues to repair after some gingival treatments. For this reason, it may be necessary to wait up to 1 month for prosthesis construction after periodontal treatment. After the necessary periodontal treatments, subsequent checks are generally performed at 6-month intervals. While complete recovery may occur as a result of this treatment, advanced periodontal surgical treatments may also be recommended when deemed necessary.

Patients Abbreviated Signature



HD.RB.46 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 2/2

Estimated Duration of the Operation: Depending on the age and compliance of the patient, the procedure time may vary between 15 and 30 minutes. The treatment may take 3-4 sessions.

Problems that may be encountered if the procedure is not applied: Gingival disease continues in the area where the teeth are located. Depending on the progression of the disease, increased tooth mobility, decreased chewing function, and further tooth loss may occur. Diseased periodontal tissues also negatively affect general health. It is known that those with many disease problems such as cardiovascular diseases, diabetes, kidney diseases, and miscarriage during pregnancy have poor periodontal health.

Critical Lifestyle Recommendations for Their Health: After the treatment, there may be hot and cold sensitivity, mild pain, and mild bleeding on the first day. Painkillers can be used to eliminate pain. Mouthwashes should be used regularly if recommended by the dentist. At the same time, regular tooth brushing with the correct technique, interdental brush and dental floss use should be continued.

Alternative: There is no alternative to the procedure.

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.

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