



**PRECISION CONNECTED
REMOVABLE PROSTHESIS
INFORMED (CONSENT) CONSENT
DOCUMENT**

HD.RB.57 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 2/2

Dear: (Patient Name Surname):.....(Date of Birth):.....(TC No):.....Barcode:

This form asks for your medical and dental history and some personal information. You have the right to be informed about the treatment and procedures to be carried out. The form also contains information about the procedures to be performed in the clinics where you will be treated. The purpose of these explanations is to inform you and ensure your participation in the treatment process in order to improve and protect your oral dental health. After you have learnt the benefits and possible risks of the treatment and procedures, it is up to your decision to consent to the procedure.

Name Surname: _____ Email Address _____
Tel: _____ Gender: _____

Contact person in case of emergency:

The patient's legal representative:

(Legal Representative: Guardian for those under guardianship, parents or 1st degree legal heirs for minors. Please indicate the degree of closeness next to the name of the patient's relative).

Name Surname:..... Tel No:.....

In order to inform you and to obtain your consent to start your treatment, you must read this form, fill in the sections at the end and sign it. Thank you for your participation and your time.

RECOMMENDED TREATMENT

Movable Prosthesis with Precision Attachment: **To be applied**

TOOTH TO BE TREATED	DIAGNOSIS	PLANNED TREATMENT
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		

Precision-retained dentures are a combined type of prosthesis in which edentulous spaces are restored with removable prostheses and adjacent teeth with fixed prostheses. Fabricated materials called precision retainers (studs) are placed on the fixed prostheses, i.e. veneers, on the abutment teeth adjacent to the edentulous area. A part of these retainers is also placed in the removable prosthesis. Thus, instead of the unaesthetic metal hook, the retention is provided in a way that cannot be seen in the mouth and does not spoil the aesthetics.

INFORMATION

EXAMINATIONS

Intraoral (Intraoral) Radiographic Examination: **To be performed**

At the beginning of treatment, during treatment and after treatment for control purposes, it may be necessary to take X-rays of the tooth / surrounding tissues inside the mouth in order to examine the tooth and surrounding tissues in detail. The procedure is performed by placing the X-ray film inside the mouth. In case of pregnancy, X-rays are not taken except in emergencies, and in cases where it is necessary to take X-rays, the patient is provided with a minimum dose of X-rays by wearing a lead apron: To determine the tooth or bone area that causes the complaint by examining the complaint area in detail. **If radiographic examination is not performed:** The cause of the complaint may not be determined accurately. If control radiographs are not taken after treatment, the success of the treatment cannot be evaluated.

Possible risks The patient's nausea reflex may be triggered during X-ray filming, resulting in nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

Extraoral (extraoral extraoral) Radiographic examination: **To be implemented**

Extraoral (extraoral extraoral) Radiographic examination region may be required at the beginning of treatment, during treatment and after treatment for control purposes in order to examine the teeth and surrounding tissues in detail. The procedure is performed by positioning the X-ray film outside the mouth. In case of pregnancy, X-ray films are not taken except in emergencies, and in cases where they must be taken, the patient is provided with a minimum dose of X-rays by wearing a lead apron: Determination of the tooth or bone region causing the complaint by examining the complaint area in detail. **If radiographic examination is not performed.** The cause of the complaint may not be determined accurately. If control radiographs are not taken after treatment, the success of the treatment cannot be evaluated.

Possible risks: Since it is necessary to remain motionless for at least 20 seconds during the procedure, if you move, the film may come out badly and may need to be retaken. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

TREATMENT and PROCEDURES

Local Anaesthesia **To be administered**

Local anaesthesia is used to control pain during the treatment. If necessary, the gums or the inner part of the cheek are first numbed with a topical anaesthetic (spray).

Anesthetic liquid is injected with an injector and the tooth and the area where it is located are numbed for a while. After 2-4 hours, the effect of the anaesthetic disappears. **If local anaesthesia is not administered,** the procedure either cannot be performed because it would be too painful or it is performed under a more complicated procedure/sedation. **Possible Risks** Allergic reactions, loss of sensation, bleeding, temporary muscle spasms, temporary facial paralysis may be seen in the patient after local anaesthesia application, although rare. anaesthesia may fail if there are anatomical differences or acute infections in the region. The locally anaesthetised area is numb for approximately 2-4 hours. For this reason, eating and drinking is not recommended until the numbness disappears to prevent the formation of wounds on the inside of the cheek and lip due to biting.

Patient/Guardian/Paraf



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What to Expect from Treatment: Precision-connected dentures fulfil the tasks of removable partial dentures. These are to complete your missing teeth, to enable you to fulfil your chewing function, to achieve a more aesthetic appearance by replacing missing teeth and tissues in the mouth, to correct your speech, to protect your existing teeth. In addition, sensitive connections provide a more aesthetic appearance.

Problems and risks that may be encountered:

- Precision attachment prostheses are more expensive than conventional partial dentures. The cost varies according to the number and type of precision fittings (snaps) to be used. Your dentist decides on the type and number of these parts. In addition, the total cost of the prosthesis increases because the support teeth have to be crowned.
- Precision-connected prostheses are made over a longer period of time and in more sessions and require more precise work.
- On average, 2-4 and sometimes more teeth need to be covered for precision-connected dentures. This means that healthy teeth have to be cut and reduced in size.
- Precision fittings lose their function over time and loosening of the prosthesis may occur. The precision fittings may need to be replaced. This brings an additional cost to the patient. In addition, your prostheses need to be fed and lined at certain intervals.
- Prostheses with precision fittings should be handled with extreme care in accordance with the physician's recommendations. Improper handling, such as applying excessive force during insertion and removal of your prosthesis, may cause deterioration or breakage of the precision fittings. In such cases, repair or complete replacement of your prosthesis and/or crowns may be necessary. This may result in an additional cost to the patient.
- Problems such as breakage, cracks, dislocation of artificial teeth, fracture of artificial teeth may occur in precision-fitted dentures. This may require repair or replacement of the prosthesis.
- Depending on the use of prosthesis, pits, aphthae, redness of the gums and similar problems may occur. Please consult your physician for a solution.

If the recommended treatment is not applied: When missing teeth are not treated with prosthesis, neighbouring teeth and opposing teeth move into the extraction cavity, the closure of the teeth is disrupted, caries, gingival disorders and loss of jaw bones (melting) occur. Aesthetics and speech deteriorate. Movements and tilting of the teeth caused by long-term toothlessness may make it impossible to make prosthesis over time. Jaw joint disorders and abrasion of the teeth may occur.

Things to Consider After Treatment:

- To use precision connected prostheses very carefully in accordance with the physician's recommendations
- Regular daily cleaning and maintenance of dentures and teeth, removing dentures every evening and keeping them in a container filled with water when they are not worn.
- Avoid cleaning agents that are used for different purposes (e.g. bleach, washing-up and laundry detergents). These substances damage the structure of the prosthesis and are extremely dangerous for general health. Your physician is not responsible for any deterioration of the prosthesis caused by cleaning agents.
- Never perform procedures such as abrasion, bonding, tightening of hooks on the prosthesis without the control of your dentist. Always contact your dentist if you have problems with your dentures.
- Do not forget that your dentures also have a lifespan. Your prostheses may need to be renewed approximately every four to five years. Otherwise, the adaptation of your prosthesis to changing tissues will deteriorate and use will become difficult.

Special Cases: You can reach Süleyman Demirel University Faculty of Dentistry doctors by phone on 0246 211 3352 or by visiting.

APPROVAL

My whole mouth was examined in detail. In addition, in the relevant sections, the physicians explained what oral dental disease is, why treatment is needed, the risks involved, the problems that may occur, alternative methods, changes that may occur after treatment, the possibility of success and the situations that may occur during the healing process.

During the diagnosis and treatment of the dentist; consultation may be requested from other physicians and they may participate in the treatment process, trainee dentists will participate in diagnosis and treatment, they will work under the supervision of assistants and faculty members, Oral, Dental and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians may take films,

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

It was explained to me that local anaesthesia may be applied as part of these procedures during the diagnostic method, intervention or treatment, and that attending the appointments given without delay and following the recommendations and practices of the physician regarding the treatment may directly affect the treatment results. I have been informed about the Implementation Communiqué published by the Social Security Institution (SSI) for the relevant treatments. I have been 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 should be paid by me

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 frighten 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 2 pages and has been issued in 2 copies in accordance with Article 70 of the Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy has been given to the patient / patient's legal representative.

THE TREATMENT OF MY DISEASE HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT

(Note: **Please write in your OWN HANDWRITING in the space below).**

PATIENT'S/RELATIVE'S/GUARDIAN'S

FULL NAME :

DATE:.....

CLOCK:.....

SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION

FULL NAME.....

DATE:.....

CLOCK:.....

SIGNATURE/SIGNATURE