



**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. While this information form describes the 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 given, 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.

**Tooth number to be treated:**

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						

**Regenerative Endodontic Treatment**

To regain the pulp/pulp-like connective tissue in the root canal in teeth with incomplete root development that have lost their vitality for various reasons (trauma, caries), to complete the tooth root development as much as possible, to increase the root thickness and lengthen the root. is the treatment applied. Blood clot formed by bleeding the root tip with a canal device or platelet-rich fibrin (PRF) and platelet-rich plasma (PRP) obtained by preparing the blood taken from the patient in a centrifuge device can be used as tissue scaffold. Antibiotic pastes or calcium hydroxide are used to disinfect the root canal. The physician uses radiographic imaging methods during diagnosis, treatment and follow-up stages. Expectations from Treatment: Relief of pain if present, treatment of infection in the tooth, protection of periapical tissues (tissues around the root) and healing of bone lesion, increase in root dentin thickness, elongation of root length, closure of the root tip, response of the tooth to vitality tests, aesthetics of the tooth in the mouth, speech and maintenance of chewing function. The treatment is considered successful even if only the root canal infection in the treated tooth is cured.

**Treatment Duration:**

Although the number of treatment sessions is at least 2, monthly, 6-monthly and annual control sessions are held. If Recommended Treatment is Not Applied: Infection may occur or progress in the patient's tooth and surrounding tissues. In the future, the tooth may need to be extracted. Possible Risks: Successful results may not be achieved due to reasons such as poor oral hygiene, disruption of appointments, failure to comply with the doctor's recommendations and warnings regarding treatment, the body's defense mechanism, and the presence of microorganisms in the root canal and periapical tissues. During endodontic treatment, complications such as injury to hard and soft tissues, dislocation of the jaw joint, swallowing of the instruments used in the treatment or falling into the trachea, crown and root perforations, instrument breakage in the root canal, and protrusion of root canal instruments, washing solutions or filling materials from the root tip may occur. Allergic reactions may occur to washing solutions and local antibiotic pastes used. Additionally, complications such as pain and swelling may occur between or after regenerative endodontic treatment sessions. Color change may occur in the tooth. If the treatment fails for any reason or if it is decided that it is not appropriate, it may be decided to perform apexification, filling of root canals with apical barrier technique, extraction of the tooth or various surgical procedures during the treatment process or after the treatment is completed.

**Things to consider after the treatment:**

You can eat after the effect of anesthesia (drowsiness, if any) wears off. After the treatment, the tooth may experience mild sensitivity and tingling for a while. In cases such as tooth pain, abscess formation, filling breakage or falling out, the patient should return to our clinic. Patients must attend regular appointments for clinical and radiographic evaluation at intervals determined by the physician.

A detailed examination of my entire mouth was performed. In addition, in the relevant sections, physicians explained what oral and dental disease is, why treatment is needed, the risks involved, problems that may occur, alternative methods, changes that may occur after treatment, the possibility of success and situations that may occur during the healing process. Special Cases: You can reach the doctors of Süleyman Demirel University Faculty of Dentistry Department of Endodontics by calling 0246 211 3351 or by calling.

**APPROVAL**

During the dentist's diagnosis and treatment;

Consultation can be requested from other physicians and they can participate in the treatment process, Oral, Dental and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians can take part in my filming, my photographs, examination results (pathology report, laboratory results, etc.). It can be used for diagnostic, scientific, educational or research purposes,

Local anesthesia can be applied as a part of these procedures during the diagnostic method, intervention or treatment, and the results of the treatment are directly affected by attending the appointments without interruption and complying with the doctor's recommendations and practices regarding the treatment.

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 approval. 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.

THE TREATMENT FOR MY DISEASE WAS EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT. (Note: This statement will be written below by the patient/relative in HIS OWN HANDWRITING.)

PATIENT/RELATIVE/GUARDIAN;  
NAME/SURNAME:.....  
DATE:.....  
TIME:.....  
SIGNATURE/STAMP:.....

PHYSICIAN WHO PROVIDED THE INFORMATION;  
NAME/SURNAME:.....  
DATE:.....  
TIME:.....  
SIGNATURE/STAMP:.....