

Dear:(Patient Name and Surname):.....,(Date of Birth):.....,(TC Number):.....

Barcode:

In this form, you will be asked for your medical and dental treatment history and some personal information. It is your natural right to be informed about the treatment and procedures to be applied. The form also includes information about the procedures to be performed in the clinics where you will receive treatment. 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 and dental health. It is up to your decision to approve the procedure after learning the benefits and possible risks of the treatment and procedures.

Name Surname: Email Address:

Tel: Gender

Person to contact in case of emergency:

Legal representative of the patient:

(Legal Representative: Guardian for those under will, parents or first degree legal heirs for minors. Please indicate the degree of relationship next to the name of the sick relative.)

Ad Soyad:..... Tel No:.....

You must read this form, which has been prepared to inform you and obtain your consent to begin your treatment, fill out the sections at the end and sign it. Thank you for your participation and time.

RECOMMENDED TREATMENT

Removable Partial Denture Will Be Applied

TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT
<p style="text-align: center;">55 54 53 52 51 61 62 63 64 65</p> <p>18 17 16 15 14 13 12 11 21 22 23 24 25</p> <p>26 27 28</p> <p>48 47 46 45 44 43 42 41 31 32 33 34 35</p> <p>36 37 38</p> <p style="text-align: center;">85 84 83 82 81 71 72 73 74 75</p>		

Removable partial dentures are dentures that are used when one or more teeth are missing, are supported by teeth and tissues (palates), are made of plastic and/or metal, and can be attached and removed by the patient. These types of dentures are held in place by hooks (clasps) and/or precision retainers (snaps) attached to the teeth in the mouth. All planning regarding prosthetics is done by your physician. Prostheses are prepared by carrying out both the doctor's work in the clinic and laboratory procedures.

TO INFORM

INSPECTIONS

Intraoral Radiographic Examination Will Be Performed

In order to examine the teeth and surrounding tissues in detail at the beginning of the treatment, during the treatment and after the treatment for control purposes, it may be necessary to take an intraoral x-ray of the tooth/surrounding tissues. The procedure is performed by placing the x-ray film into the mouth. In case of pregnancy, x-rays are not taken except in emergencies, and in cases where it is necessary, a lead apron is worn to ensure that the patient is given a minimum dose of x-rays.

What is expected from the radiographic examination: Examining the complaint area in detail and determining the tooth or bone area causing the complaint.

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: During the x-ray, the patient's nausea reflex may be triggered, causing nausea and sometimes vomiting. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

Extraoral (Outside the Mouth) Radiographic Examination Will Be Performed

It may be necessary to take an x-ray of the maxillofacial area to examine the teeth and surrounding tissues in detail at the beginning of the treatment, during the treatment and after the treatment for control purposes. The procedure is performed by positioning the x-ray film outside the mouth. In case of pregnancy, x-rays are not taken except in emergencies, and in cases where it is necessary, a lead apron is worn to ensure that the patient is given a minimum dose of x-rays.

What is expected from the radiographic examination: Examining the complaint area in detail and determining the tooth or bone area causing the complaint.

If radiographic examination is not performed. The reason for 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 turn out to be bad and the film may have to be re-shot. If protective measures are not taken in pregnant women and children, radiation-sensitive organs may be affected.

TREATMENT AND PROCEDURES

Local Anesthesia: To be applied

Local anesthesia is applied to provide pain control during treatments. If necessary, first the gums or the inside of the cheek are anesthetized with a topical anesthetic (spray). What to Expect from Anesthesia: Anesthetic liquid is injected with a syringe, and the tooth and the area where it is located are numbed for a while. The effect of the anesthetic disappears after 2-4 hours. If Anesthesia is Not Applied If local anesthesia is not applied, the procedures either cannot be performed because they will be too painful, or they are performed under a more complicated procedure/sedation.

Possible Risks After local anesthesia, although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis. Anesthesia may fail if there are anatomical differences or acute infections in the area. The area where local anesthesia is applied is numb for approximately 2-4 hours. For this reason, eating and drinking is not recommended until the numbness subsides to prevent wounds on the inside of the cheek and lips due to biting.

Expectations from Treatment: To replace missing teeth, to enable chewing function, to obtain a more aesthetic appearance by replacing missing teeth and tissues in the mouth, to correct speech, to protect existing teeth.

Problems and Risks That May Be Encountered:

- Difficulty in getting used to and adapting to newly installed prostheses: It is more frequently observed in patients who have never used a removable prosthesis before or who have used the same prosthesis for many years. Newly installed prostheses may cause discomfort in the patient, such as extremely sensitive and painful areas, bruises, and aphthas. In this case, it is necessary to consult a doctor as soon as possible.
- Prosthesis construction time: The construction of removable partial dentures takes approximately 6-8 sessions. It is recommended not to extend appointment intervals. Interrupting the treatment affects the compatibility of the dentures with the oral tissues, and the dentures may need to be remade. This brings an additional cost to the patient.
- Correction of existing teeth: Fixed prosthesis (coverage) applications, tooth corrections or preparation of small slots called "nail places" on the tooth surfaces may be required for the teeth that will support the prosthesis.
- Dissatisfaction with teeth and aesthetics after the end of the prosthesis: During the appointment phase called "tooth rehearsal" of removable partial dentures, your physician rehearses the pre-finished state of the prosthesis with the teeth selected by taking into account the patient's jaw dimensions and shape, skin color, and age. If possible, the patient should come to this appointment with a relative, decide together and explain their expectations, if any, before the prosthesis is finished. It is not possible to make any changes to the teeth after the prosthesis is installed. For changes, the prosthesis must be renewed and the financial responsibility for the new prosthesis belongs to the patient. In addition, in some cases, the hooks placed on the teeth for the retention of the dentures may need to be placed in the front teeth area and may pose an aesthetic challenge to the patient.
- Change in speech: New dentures, especially replacing old dentures that have been used for many years, may cause some difficulties with speech.
- Excessive nausea reflex, excessive salivation or dry mouth: Rarely, some people may develop hypersensitivity or allergic symptoms in their oral tissues to the substances used in the production of prostheses.
- Decay and loosening of teeth: The teeth to which the partial denture is attached may become sensitive and/or loose over time; The abutment teeth, the connection areas of the prosthesis, and the areas where the hooks are located may wear out, decay, and require root canal treatment. In some cases, the abutment teeth may need to be crowned or even extracted.
- Loosening in dentures: The hooks of partial dentures may lose their function over time depending on use, the hooks may loosen, loosening occurs in the dentures and their retention decreases. This problem must be resolved by the physician; interventions made by the patient himself may lead to results such as breakage or deterioration of the prosthesis, which requires replacement or correction of the prosthesis. These procedures impose an additional cost on the patient.
- Difficulties in chewing: The efficiency of chewing foods with artificial teeth in dentures is lower than with natural teeth, and some foods are difficult to chew. In addition, aging and loss of the bones in the back that support the dentures make it difficult to chew and keep the dentures in the mouth. Especially in the first months after teeth are extracted, healing continues and palates change. If dentures have been made in the meantime, the dentures will loosen after healing is completed. Therefore, priming or feeding may be necessary.
- Fractures or cracks in dentures: Although the materials used in the structure of the dentures are not defective, the dentures may crack and/or break due to reasons such as chewing extremely hard foods, not following the chewing rules explained to you, or dropping the denture from the hand. In this case, dentures are repaired, sometimes they need to be rebuilt.
- Contamination and color change in dentures: Due to their structure, partial dentures cause some microorganisms and fungi to attach. Dentures should be cleaned regularly. After Treatment

If Recommended Treatment Is Not Applied:

When missing teeth are not treated with prosthesis, neighboring teeth and opposing teeth move into the extraction space, the closure of the teeth is disrupted, caries, gum diseases and loss (resorption) of the jaw bones occur. Aesthetics and speech are impaired. Movement and tipping of the teeth that occur as a result of long-term edentulism may make dentures impossible over time. Disorders in the jaw joint and wear on the teeth may occur.

Things to Consider After Treatment:

- Regular daily cleaning and maintenance of dentures and teeth
- Remove the dentures every evening and keep them in a container filled with water when not worn.
- Avoiding cleaning agents used for different purposes in cleaning dentures, such as bleach, dishwashing and laundry detergents. These substances can both damage the structure of the prosthesis and are extremely dangerous for general health. Your physician is not responsible for any deterioration caused by the substances used for cleaning purposes on the dentures.
- Never perform operations such as abrading, gluing, or tightening the hooks on the denture without the supervision of your dentist. If you have problems with your prosthesis, be sure to consult your doctor.
- Do not forget that dentures also have a lifespan. Dentures may need to be renewed approximately every four to five years. Otherwise, the adaptation of your prosthesis to changing tissues will be impaired and use will be difficult.

Special Cases: You can reach the doctors of Süleyman Demirel University Faculty of Dentistry by calling 0246 211 3352 or by calling.

APPROVAL

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 recovery process.

During the dentist's diagnosis and treatment;

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

Intern dentists will participate in diagnosis and treatment and will work under the supervision of assistants and faculty members.

Oral and Maxillofacial Radiology doctors, intern dentists, dental technicians and x-ray technicians can take part in the filming process,

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

Local anesthesia may be applied as a part of these procedures during the diagnosis method, intervention or treatment, and attending the appointments without interruption and complying with the doctor'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 (SGK) regarding the relevant treatments. I have been informed that the invoices for the items that SSI does not pay for the materials to be used during the stages of the treatment must be paid by me.

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 2 pages and is prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy is given to the patient/legal representative of the patient.

<p>THE TREATMENT FOR MY DISEASE WAS EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT</p> <p>(Note: This statement will be written below in the patient's/relative's OWN HANDWRITING.)</p> <p>.....</p>		
OF THE PATIENT/RELATIVE/GUARDIAN		INFORMING DENTIST
NAME SURNAME :..... DATE..... TIME:.....		NAME SURNAME:..... DATE:..... TIME:.....
SIGNATURE		SIGNATURE