



HD.RB.18	YT:14.01.2015	REV.NO:01	REV.T: 18.04.2022	S.NO: 1/1
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File number:

BARCODE

Patient's 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. 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 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.

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			

Removing Broken Tools from the Canal:

The tools used during root canal treatment may break in the tooth canal. It may be possible to remove the broken tool inside the tooth, depending on its location during the previous or new treatment. While performing this procedure, the physician may use various magnification devices and request auxiliary x-rays.

Expectations from the Treatment: Complete the root canal treatment by removing the broken instrument from the canal and ensuring the function and aesthetics of the tooth.

Treatment Duration: Approximately 30-90 minutes.

If Recommended Treatment is Not Applied: The existing infection in the tooth may progress. The tooth can be monitored with control sessions determined by the physician. If conditions such as pain, swelling and progression of infection occur in the tooth while chewing, the physician may decide to extract the root or tooth where the broken tool is located.

Things to Consider After Treatment: After treatment, mild pain may occur in the tooth. If there is anesthesia, nothing should be eaten until the numbness wears off and for the period specified by the physician.

Possible Risks: 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, failure to remove the instrument from the canal and new instrument breaks, canal instruments and washing solutions coming out. livable. As hard tissue loss may increase while trying to remove the tool, the tooth may become vulnerable to fracture. A decision about tooth extraction may be made 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 coming.

APPROVAL

During the diagnosis and treatment of the dentist;

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

Intern dentists will participate in the diagnosis and treatment, Oral and Maxillofacial Radiology doctors, trainee dentists, dental technicians and x-ray technicians will be able to take part in my filming, where they will work under the supervision of assistants and faculty members, and my anamnesis information, radiological images, photographs, examination results (pathology report, laboratory results, etc.) will be kept confidential, while my identity information will be kept confidential.) can 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, attending the appointments without interruption and following the doctor's recommendations and practices regarding treatment can directly affect the treatment results,

I was informed about the Implementation Communiqué published by the Social Security Institution (SGK) regarding the relevant treatments. I have been informed that I must pay the invoices for the items that SSI does not pay for the materials to be used during the stages of 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 consent. This consent form consists of 1 page and has been prepared in 2 copies in accordance with Articles 70 of Law No. 1219 and Article 26 of Law No. 5237, and one copy has been given to the patient/legal representative of the patient.

It was explained to me.

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:.....