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

Retreatment (Reconstruction of Root Canal Treatment):
As a result of the evaluation of root canal treatment, if there are clinical symptoms such as pain in the relevant tooth, sensitivity in percussion (when struck with a special tool) and palpation (touch), intra-oral and extra-oral swelling or fistula, and lesion formation in the new tooth root, the root canal treatment may need to be renewed. The old root canal treatment is removed, the root canal is prepared again and filled.
What is expected from the treatment: It is aimed to eliminate the pain if it is present, to treat the infection in the tooth and to maintain its function.If the recommended treatment is not applied: The loss of tooth tissues continues, pain , damage to the bone around the tooth roots and abscess (swelling) formation may/may continue and the tooth may need to be extracted.
Treatment Duration: It may take multiple sessions, each session lasting approximately 30-90 minutes.
Possible risks: Mouth Successful results may not be achieved due to reasons such as poor hygiene, interruption of appointments, failure to comply with the doctor's recommendations and warnings regarding treatment, the body's defense mechanism, the presence of microorganisms in the root canal and periapical tissues.
During endodontic treatment, injuries to hard and soft tissues, dislocation of the jaw joint. Complications may occur such as swallowing of the instruments used in the treatment or leaking into the trachea, crown and root perforations, instrument breakage in the root canal, and overflow of root canal instruments, washing solutions or filling materials from the root tip. Additionally, complications such as pain and swelling may occur between or after endodontic treatment sessions. If endodontic treatment fails for any reason or is deemed unsuitable, it may be decided to extract the tooth or perform various surgical procedures during the treatment process or after the treatment is completed. Even if there are no complications or failures, there may be pain for 1 week after the treatment, especially when pressing on the tooth. This pain is expected to gradually decrease and disappear.
Things to consider after 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 where symptoms reoccur or persist in the tooth, or if the filling breaks or falls out, the patient should return to our clinic. If the physician deems it necessary, patients should 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 required, 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 Situations: 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.)
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PATIENT/RELATIVE/GUARDIAN;
NAME/SURNAME:…….
DATE:……
TIME:……
SIGNATURE/STAMP:…….

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