



HD.RB.42 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/3

File number:

BARCODE

Patient Name And Surname: Dear patient/parent/guardian,

- Please read this document carefully.
- You have the right to be informed about your medical condition and the treatments and procedures recommended for the treatment of your illness.
- The purpose of these explanations is to inform you about issues related to your oral dental health and to ensure your participation in the treatment process.
- If you have any questions other than those mentioned here, it is our duty to answer them. We are here to help you.
- Once you have learned about the benefits and possible risks of diagnostic procedures, medical and surgical treatments, it is your decision to consent to the procedure.
- If you wish, all information and documents related to your health can be given to you or a relative of your choice.
- If you have literacy problems or if you would like another person of your choice to participate in the process of consenting to the procedures to be carried out on you, you can allow the person you designate to be a witness to the interview to participate.
- You may refuse to be informed except in cases of legal and medical obligation.
- If you have literacy problems or if you would like another person of your choice to participate in the process of consenting to the procedures to be carried out on you, you can allow the person you designate to be a witness to the interview to participate.
- You are required to inform your physician about existing systemic diseases, allergies, medications and general health status. You are responsible for any concealment or failure to disclose any information.
- In order not to disrupt the order and treatment program of our health institution, please make sure that you keep your appointments and arrive on time. If it is not possible for you to come, please cancel your appointment at least 24 hours in advance. If you do not arrive at the appointment time, your appointment may be postponed to another day depending on the intensity of the clinic.
- Information and consent processes will be carried out with you for unconscious patients, pediatric patients, mentally disabled patients, patients who do not have the ability to make decisions regarding diagnosis and treatment, and patients requiring emergency intervention, for whom you are the parent or guardian.
- The processes of informing and obtaining consent in accordance with the disability status of the disabled people whose parents or guardians you are, will be carried out with you.
- If necessary, you can reach the clinic where you received treatment/procedures during office hours (8.30-16.30) by calling 0246 211 33 49 for medical assistance.

1. INFORMATION

THE TOOTH TO BE TREATED	DIAGNOSIS	TREATMENT PLANNING

As a result of the evaluation of the root canal treatment previously applied to the tooth, root canal treatment may need to be renewed (retreatment) if there are clinical symptoms such as pain, tenderness on percussion (tapping the tooth with an instrument) and palpation (finger touch), intraoral and / or extraoral swelling or discharge path (fistula) and radiological symptoms such as infection and destruction at the root tip and surrounding tissues, enlargement of the thin bone layer (lamina dura) that limits the location of the tooth in the jaw bone. The old root canal treatment is removed, the root canal is re-prepared and filled. During this procedure, more than one x-ray is required. Since the retreatment of root canal treatment is not included in the Health Implementation Communiqué (HIC) list, the fee is charged according to the Public Health Services Sales Tariff Price List.

Content Of The Treatment:

X-rays:X-rays may be required at the beginning of treatment, during treatment and after treatment for control purposes. The application is performed by intern students under the supervision of an X-ray technician, research assistant, faculty member and/or research assistant in an X-ray room configured in accordance with the legislation. Your physician determines the X-ray examination and the number of X-rays to be requested. Protective equipment (lead apron, cervical collar) is worn before X-ray examination. There are types of X-rays that are obtained by placing the X-ray film in the mouth and holding it by hand by the patient's parents or the patient himself/herself (periapical, occlusal radiography), by biting the patient between the teeth (bitewing radiography) or by rotating an X-ray device around the patient's head (panoramic).

Expected benefits of the procedure: It allows you to see fractures, decayed areas (e.g. decay between teeth) and decay developing under existing fillings, which cannot be recognised on visual inspection. Shows abnormalities of the teeth. Provides information about bone loss due to gum disease. Allows visualisation of problems in the root canal. It helps to determine pathologies such as cysts and tumours in bone and soft tissue. It enables diagnosis, correct planning of the treatment to be applied and control of the treatments applied. It provides information about the oral-dental-jaw development and growth of children. **Consequences that may be encountered if the procedure is not performed:** Failure to perform the procedure may lead to diagnostic difficulties, delayed diagnosis, difficulty and delay in administering the correct treatment, and the success of the treatment cannot be assessed. **Alternative to the transaction:** None. **Complications of the procedure:** The X-rays used in X-rays are harmful to living tissue. For this reason, your doctor will order the minimum number and type of X-rays required for you. Nausea and sometimes vomiting may occur during X-rays. In this case, measures such as rinsing the mouth with cold water and applying local anaesthetic spray can be taken. It is necessary to remain immobile during the procedure. If you move or the film is shifted, the film may come out badly and have to be taken again. **Estimated duration of the procedure:** 2-10 minutes. **Points to be considered before and after the procedure and problems that may be experienced in case of not paying attention:** When necessary (in paediatric patients, pregnancy and illness), lead apron and neck collar should be used. Failure to do so may result in harmful effects of X-rays. Before the X-ray of all teeth, the patient should remove all metal objects (earrings, hairpins, necklaces, necklaces, glasses, hearing aids, etc.) from the head and neck area. If these items are not removed, the X-ray image may be distorted. During the X-ray, the patient should remain still and stationary in order not to cause X-ray repetition.

Local anesthesia: It is the temporary blocking of a certain part of the nerves that transmit sensation in the human body by anaesthetic substances. The duration of loss of sensation resulting from local anaesthesia used in dentistry varies between 1-4 hours depending on the anaesthetic substance used, the region where the anaesthetic is applied and the age and anatomical structure of the person. The application is performed by the dentist.

Expected benefits of the procedure: To prevent pain by numbing the area to be treated during the interventions to be performed and thus to perform the treatments without the patient feeling pain. **Consequences that may be encountered if the procedure is not performed:** If the procedure is not performed, the patient may experience pain of varying intensity depending on the type of treatment. **Alternative to the procedure:** Sedation or general anaesthesia. **Complications of the procedure:** Temporary loss of consciousness called syncope (fainting) may occur due to fear, excitement or hunger. Difficulty in opening the mouth, called trismus, may occur, which resolves spontaneously within 2-3 weeks. Pain or oedema may occur during anaesthesia. Pain or bruising may occur at the injection site (up to 1 week). Side effects such as facial paralysis (temporary facial paralysis), temporary strabismus, temporary blindness, muscle weakness, difficulty in swallowing, numbness of the earlobes, nose and tongue, swelling or discolouration of the face may occur due to the nerves adjacent to the anaesthetised area. Topical anaesthesia can be used to reduce the child's sensation of stinging, aching and pain from the needle. These completely disappear after the anaesthesia (numbness) wears off. If the patient scratches, bites or chews on the anaesthetised area, it may cause a self-inflicted wound. Sometimes the anaesthesia may not produce the desired numbness and may need to be repeated. Although very rare, allergic reactions (angioneurotic oedema, anaphylactic shock, redness and skin rashes, etc.) affecting all tissues and organs in the body may occur.



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When these possible side effects occur, life-saving medications such as antihistamines, adrenaline, cortisone and emergency medical intervention are applied to the patient by the responsible physician and Code Blue team.

Estimated duration of the procedure: 2-4 minutes. **Points to be considered before and after the procedure and problems that may be experienced if not paid attention:** If there is any systemic disease or allergic condition or medication use, it must be told to the doctor who will perform the procedure. When such conditions are not told, allergic reactions or side effects that may carry a life risk may occur. Do not be too hungry or too full; otherwise, the effect of anaesthesia (drowsiness) may be aggravated, fainting and vomiting may occur.

The renewal of root canal treatment (Retreatment) application: As a result of the evaluation of the root canal treatment previously applied to the tooth, root canal treatment may need to be renewed if there are clinical symptoms such as pain in the relevant tooth, tenderness in percussion (tapping the tooth with an instrument) and palpation (finger touch), intraoral and / or extraoral swelling or discharge path (fistula) and radiological symptoms such as infection and destruction at the root tip and surrounding tissues, enlargement of the thin bone layer (lamina dura) that limits the location of the tooth in the jaw bone. Due to this renewal process, it is the process of removing the canal filling material previously made in order to reach the root canals, re-preparing and filling the root canal and completing the loss of material in the tooth body with filling material (amalgam, composite, compomer, glass ionomer, etc.) or crown. Depending on the preferred method, decayed tooth tissue and/or previous filling is removed with the help of hand tools (such as excavator, enamel chisel), low-speed handpiece or water-cooled high-speed handpiece. Then, after the removal of the filling in the root canals with the help of canal instruments (hand instruments or rotary rotary instruments), the root canals are disinfected with various washing fluids; the canals are filled with biologically compatible materials. The number of sessions may vary depending on the state of removal and inflammation of the root filling or the child's compliance. After the root canal is re-filled, the tooth is restored with fillings or crowns. **Expected benefits of the procedure:** By treating the teeth, complaints are eliminated and tooth loss is prevented by preventing tooth extraction. Aesthetic defects and loss of material in the teeth are treated. **Consequences if the procedure is not performed:** The existing inflammation and problem may progress and lead to tooth loss. **Alternative to the procedure:** There is no alternative to root canal treatment. Extraction can be considered as the most distant alternative. **Complications of the procedure:** Lack of good oral hygiene, disruption of appointments and non-compliance with the physician's recommendations and warnings about the treatment may result in unsuccessful results. If the child moves during the removal of the previous filling from the tooth or during the renewal of the root canal treatment, cuts may occur on the tongue, lips and cheeks due to working with cutting tools. During the renewal of root canal treatment, dislocation of the jaw joint, swallowing of the instruments or liquids used in the treatment or getting into the trachea, perforation of the hard tissue base between the tooth body and / or roots due to hand instruments, instrument fractures in the root canal, overflow of canal instruments, washing solutions or filling materials from the root tip, damage to neighbouring tissues, failure to remove the filling material in the root canal, development of allergic reactions may occur. In addition, pain, swelling, fracture of the remaining tooth tissue, tooth discolouration, tooth discolouration, and fall in the filling may be observed after root canal treatment renewal. If the root canal treatment is unsuccessful for any reason, or if it is decided that it is not appropriate to be performed, or if it is determined that the inflammation in the tooth has progressed more than anticipated, it may be decided to extract the tooth or to perform various surgical procedures during the treatment process or after the treatment is completed. Even if no complications or failures occur, pain may occur in the first week after treatment, especially when force is applied to the tooth. This pain is expected to gradually decrease and disappear. **Estimated duration of the procedure:** Each session is 45 minutes. **Points to be considered before and after the procedure and problems that may be experienced if not paid attention:** Regular oral care before and after the procedure is important for the success of the treatment to be applied. Food can be eaten after the anaesthesia effect (numbness) wears off. Tingling and sensitivity may occur. When medication is prescribed, it should be used regularly as described. When a temporary filling is applied, the patient should return to the clinic if the filling breaks or falls out. If oral care is not provided adequately and hard foods are eaten, the tooth with root canal treatment and filling may break, the treatment may need to be repeated or the tooth may need to be extracted. Patients should attend regular appointments at intervals determined by the physician.

Date:

The physician responsible for the patient

Name-Surname:

Signature:

Faculty member responsible for the patient

Name-Surname:

Signature:

2. CONSENT, PERMISSION, CONSENT)

The undersigned/the patient's Guardian. ,

Dentistsby diagnosis and treatment planning, alternative treatments, results, and I was informed of the unwanted side effects, I realized. I agreed to the treatment to be applied.

The treatment period, with new situations that may arise during the plan could vary told, I understood, and I accepted. The potential risks that may arise when treatment is not effective, alternative treatment according to implementation, cost accounts, and other physicians as necessary consultation can be requested from the issues that I've been briefed on, I got it, I accepted.

The first examination as determined by the physician in emergency situations (mouth, teeth, jaw fractures and injury in the area, swelling of the face), requiring special care (disabled) patients with life-threatening for patients with systemic disease except for the remaining patients, the Department of pediatric dentistry clinic in treatment services as I have been informed that the appointment is given.

Treatment/treatment I am The Guardian of the person that I was wondering about all the questions were answered. On a given date to be dealt to without disrupting the treatment of the physician's treatment practices and abiding by the advice and explained to me that can have a direct impact on the results. The success of treatment is up to me, falling on me in the house and I follow the advice and oral hygiene should be abandoned and written recommendations regarding harmful habits that should fulfill the necessity of appropriate dose and duration of use of prescriptions drugs tariff explained, understood, and I have accepted.

Oral and dental treatment to be applied is intended to protect the Health, Medical Services will be carried out with care, but the medical outcome could not be guaranteed in the process told me that I got it and I accepted. Patient rights and responsibilities patient rights and obligations of, I have been informed in detail about.

Faculty of Dentistry, Suleyman Demirel University is an educational institution where the trainee works the expertise of Physicians and students I know. Suleyman Demirel University, Faculty of Dentistry, dentists and dentists trainee of the parent/guardian of the individual oral examination to make a diagnosis and treatment by where I am I let them do. The identity information be kept confidential and be used for educational and research purposes only on the condition that the initiative to apply to me/have photos taken during treatment to allow use of my medical records. (With your handwriting "promise" or "I don't write".

(*) Legal Representative: legal age and/or non-distinctive for the people, requires the consent of their parent or guardian lit.

Dear patient, your health, and you suggested a process for diagnosis or therapy of benefit/harm, to be informed about the risks and alternatives; accept treatment or partially/completely reject; you have the right to stop at any stage of the process! To read and understand this document we want to be, not to scare you or keep you away from applications in medical applications such consent by notifying you to obtain consent and to determine whether we've shown was prepared. This Consent Form 2 consists of pages, whether 1219 Article 70 of the law. and Article 26 of the Turkish Criminal Code No. 5237. in accordance with Articles 2 copies arranged in a copy of patient/legal representative has been given to the patient.

THE TREATMENT FOR MY DISEASE HAS BEEN EXPLAINED TO ME AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT. (Note: This statement will be printed below in the patient's/relative's OWN HANDWRITING).

PATIENT'S/RELATIVE'S/GUARDIAN'S
NAME SURNAME :.....
DATE:.....
TIME:.....
SIGNATURE

THE PHYSICIAN PROVIDING THE INFORMATION
NAME SURNAME :.....
DATE:.....
TIME:.....
SIGNATURE/STAMP