



**BLEACHING TREATMENT
INFORMED CONSENT
DOCUMENT**

HD.RB.15 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/1

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.

Toot 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						

Bleaching Treatment:

By applying a whitening agent to teeth that have changed their normal color for any reason, the patient's aesthetic expectations are tried to be met by making the teeth whiter and normal.

What to Expect from the Treatment: It is expected that the discoloration of the tooth will be eliminated and the natural appearance of the tooth will be brought in.

If Recommended Treatment Is Not Applied: Aesthetic expectations cannot be achieved, and the level of discoloration on the tooth may increase over time.

Potential Risks: If the discoloration of the teeth is very severe, a very late or no response may be received to the treatment. Even if the whitening process is successful, the tooth color may return to its previous state in the future, depending on the patient's diet and habits (such as tea, coffee, cigarette consumption). The patient may have sensitivity complaints during treatment. As a result of contact of the agent with soft tissues during treatment, pain, sensitivity and temporary discoloration may occur in the tissues. When whitening applied to non-vital teeth, pathologies such as cervical resorption (melting in the neck part of the tooth) may occur, in which case the necessary treatment is applied.

Treatment Duration: The number of sessions may vary, with each session lasting approximately 30-60 minutes.

Things to Consider After Treatment: If the temporary filling applied to the tooth is lost or broken between sessions, the clinic should be consulted. Sensitivity complaints may continue for a short time after the treatment; the patient should pay attention to the doctor's recommendations during this time. Attention should be paid to oral care.

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 Circumstances: You can reach the doctors of Süleyman Demirel University Faculty of Dentistry by calling 0246 211 3334.

APPROVAL: 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 is kept confidential and my anamnesis information, radiological images, photographs, and examination results (pathology report, laboratory results, etc.) 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, 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 know that I have the right to refuse or terminate treatment. I find all verbal and written information sufficient. I have read, understood, and approved the "Informed Consent Form" for all examinations and treatments.

Dear Patient, you have the right 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 Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy has been 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 in the patient's/relative's **OWN HANDWRITING.**)

NAME/SURNAME OF THE PATIENT /RELATIVE
/GUARDIAN

.....

DATE:.....

TIME:.....

SIGNATURE:.....

NAME/SURNAME OF THE PHYSICANS WHO PROVIDED
THE INFORMATION

.....

DATE:.....

TIME:.....

SIGNATURE:.....



SÜLEYMAN DEMİREL ÜNİVERSİTESİ
DİŞ HEKİMLİĞİ FAKÜLTESİ



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