

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.

Tel:

Email Address:

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.)

Name Surname:.....

Tel:.....

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

Temporary Crowns and Bridges (Veneers) Will Be Applied

TOOTH TO BE TREATED	DIAGNOSIS	PLANNED TREATMENT
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		

Temporary veneers are fixed prostheses that are applied to the patient after the teeth are cut, that is, reduced, to protect the teeth and reduce their sensitivity during the period until permanent veneers are installed, or when the existing veneers need to be removed, until permanent fixed prosthetics are made. They are usually made of a plastic material. They are bonded to your teeth with temporary bonding materials.

Expectations from Treatment: To eliminate the sensitivity that may occur in cut teeth until the permanent teeth are attached, to protect the teeth from external factors such as bacteria and acids, to prevent the movement of the teeth, to regulate chewing, aesthetic and speech functions.

Problems and risks that may be encountered:

- Loosening, dislocation and breakage of temporary dentures. Since your prosthesis needs to be removed again in a short time, it is bonded with a non-strong adhesive. Therefore, it can easily come off. In these cases, you should consult your doctor immediately.
- Not as aesthetic as permanent crowns. Since temporary veneers are made of plastic material and prepared in a short time, they may not meet your aesthetic expectations. In this case, consult your doctor.
- Fractures under excessive chewing loads. Since temporary dentures are made of plastic material, they can be broken by chewing forces and hard foods. Consult your doctor as soon as possible to have it reconstructed. Renewed temporary crowns may impose additional costs on the patient.
- The prosthesis feels uncomfortable and gets stuck on the tongue. The polish of temporary dentures is generally not as good as permanent dentures and rough areas may be present. If there is a rough edge or surface that will injure your tongue, do not put your tongue in that area as much as possible, consult your physician as soon as possible or inform your physician of the situation during rehearsal sessions.
- The pressure of the prosthesis on the teeth, the feeling of height. This situation is generally felt when there is a height in the prosthesis and occurs with early contact of the temporary prosthesis before your other natural teeth come into contact with each other. This situation may cause pain in the tooth where your temporary prosthesis is attached and in the opposing tooth. Be sure to consult your doctor and eat as soft foods as possible during this process.
- Cheek-lip-tongue biting. As a result of long-term toothlessness, soft tissues such as cheeks and tongue may spread towards the empty area in these areas. If there is a problem such as biting these soft tissues, inform your doctor immediately or during the rehearsal sessions.
- Sensitivity of teeth to cold and heat. Since these dentures are not bonded with a hard adhesive as in permanent crowns, leakage may occur and pain in the teeth may occur. The gaps between the prosthesis and the gum may also cause cold and hot sensitivity. This type of sensitivity often ends after permanent dentures are bonded with permanent adhesive. Cold and very hot foods should be avoided as much as possible.
- Feeling pain in the teeth under the prosthesis. If you have a painful condition that requires you to constantly use painkillers, other than mild stinging, be sure to consult your physician.
- Color change in coatings depending on the usage process. Insufficient care of your mouth and teeth, products such as tea and cigarettes cause your temporary crowns made of plastic material to become discolored in a short time.
- Depending on the usage process, it may cause problems in the gums. Failure to perform careful and regular oral care in accordance with your physician's recommendations during the use of your temporary dentures may cause problems in the gums.
- Some patients may develop allergies to its temporary material.

Things to Consider After Treatment:

Using your temporary crowns in accordance with your doctor's recommendations and taking care of your mouth and teeth regularly. Forcing temporary dentures with a toothpick or trying to get in between them with dental floss will cause your crown to come off.

Avoiding hard and sticky foods during temporary prosthesis use. Since the material from which temporary crowns are made is generally acrylic (plastic) based, they are not very durable and hard foods may cause your temporary prosthesis to break.

Your dental treatment should not be interrupted after the installation of temporary dentures. Veneers that are used for a long time or without following your physician's recommendations, or that are not adhered even though they have become loose, may come off, break or be swallowed, and your physician is not responsible for this situation.

If Recommended Treatment Is Not Applied

Different problems may occur in the teeth, such as sensitivity, pain, decay, displacement, elongation, problems in the gums, and in some cases, the necessity of extraction of the relevant teeth.

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 healing 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 is kept confidential and my anamnesis information, radiological images, photographs, 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 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.

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.)		
.....		
PATIENT/RELATIVE/GUARDIAN		INFORMING DENTIST
NAME SURNAME:..... DATE:..... TIME:.....		NAME SURNAME:..... DATE:..... TIME:.....
SIGNATURE		SIGNATURE