Dear Patient / Legal Representative;

To be informed about your health condition / your patient's health condition and all kinds of medical, surgical or diagnostic procedures recommended for you / your patient and their alternatives, benefits, risks and even possible harms, and to reject, accept all / some of them or the procedures to be performed. You have the right to stop 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 and obtain your consent in determining whether you will consent to these practices. Before deciding whether to accept the oral and dental health services and recommended treatment offered by our center, all kinds of treatment and examination procedures are subject to patient permission and approval in accordance with **Article 14 of the Medical Deontology Regulation**. Before starting treatment, if the patient has systemic disorders (**heart, diabetes and blood disease, blood pressure, goiter, epilepsy**, etc.), **an infectious disease** (**hepatitis**, etc.), is receiving **chemotherapy or radiotherapy, is pregnant or suspected of being pregnant, has asthma or is allergic to any drug,** if any. It is important for both his own safety and the physician to share the medications he uses with his physician.
Please read the information form below carefully about the treatments to be applied by your dentist and sign the form. Ask your doctor to explain anything you do not understand.

TO INFORM

PRELIMINARY DIAGNOSIS: : …… ……..

PLANNED TREATMENT/PROCEDURE:……

NAME/SURNAME OF THE PHYSICIAN WHO WILL PERFORM THE PROCEDURE:…….

INFORMATION ABOUT THE TRANSACTION:

• RADIOGRAPHY; X-rays are required to examine the teeth and surrounding tissues in detail at the beginning of the treatment, during the treatment and after the treatment for control purposes.

- When deemed necessary, intraoral and/or extraoral x-rays can be taken from the complaint area to obtain a more detailed image.
- The dose of radiation used for diagnostic purposes in dentistry is much lower than the threshold values that may cause disease in the individual or the fetus.

• It is applied by x-ray technicians or physicians who are experts in the field of imaging structured in accordance with the legislation. Appropriate position is given to the patient and the devices. The patient is asked to maintain this position. Imaging examinations of your head and neck area are necessary for the diagnosis of conditions that will affect your general or oral health, treatment planning and follow-up of treatment stages.
• In our clinic, periapical, occlusal, bitewing, panoramic, temporomandibular joint projections, cephalometric, posteroanterior x-rays, hand-wrist x-rays and dental tomographies can be taken using x-ray (ionizing radiation).
• In diagnostic imaging, it is essential to obtain sufficient information for diagnosis with minimum radiation dose.
• With the digital radiography applications used in our clinic, a gain in radiation dose is achieved compared to conventional type film radiography. Your physician determines the number of x-ray examinations to be requested. Before the x-ray, the patient should remove the removable prostheses in the mouth and all items containing metal in the head and neck area (such as necklaces, earrings, buckles, pins, glasses, piercings, hearing aids, etc.).
• Radiographs taken: - Allows the visualization of carious areas that cannot be noticed during visual examination (for example, caries between the teeth) and caries and/or other pathological conditions developing under existing fillings. It provides information about bone loss due to gum disease.

- It provides information about the bone loss in the root canal and/or root. It allows viewing of the problems at the end. It is useful and necessary in implant preparation and placement, at the beginning and throughout the orthodontic treatment.
- It is also possible to detect changes that occur with cysts, oral cancers, metabolic and systemic diseases.
- It provides control of the treatments performed. It provides information about the development and growth of teeth in children's mouths.

EXPECTED BENEFITS FROM THE PROCESS:

• It helps in early diagnosis.

CONSEQUENCES THAT MAY BE ENCOUNTERED IF THE PROCEDURE IS NOT IMPLEMENTED:

• Pathology and cause may not be determined accurately, and the success of the treatment cannot be evaluated. There may be a delay in diagnosing the disease.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• Your doctor will inform you about the alternatives of the procedure.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

• The x-ray used in x-ray shooting is harmful to living tissue. For this reason, your doctor will request the minimum number of x-rays necessary for you.
• If you are pregnant or suspect that you are pregnant, it is your responsibility to inform your physician and the x-ray personnel.
• Nausea and sometimes vomiting may occur during x-ray imaging. It is necessary to remain still during the procedure. If the film is moved or shifted, the film may turn out bad and be reshot.

TAKING RADIOGRAPHY IN PREGNANT PEOPLE;

• Radiography should not be taken in **the first 3 months** of pregnancy because it will damage the organs of the fetus in the womb while it is still forming, or **in the last 3 months** due to the risk of premature birth or miscarriage.
• If deemed absolutely necessary; Films can be taken as few times as possible and within **the second 3 months**, with the patient wearing a lead apron.
• Since x-rays are directed only to the head and neck region in dental radiology, even if whole mouth radiographs (14 intraoral films) are taken, the dose received by the fetus is much lower than the dose received from natural sources.
• Despite all this, radiography is taken in pregnant women when necessary and in the least number of times possible.
• To prevent possible harm to the patient, the shooting is performed by wearing a THYROID PROTECTIVE made of lead-containing material and a LEAD APRON covering the abdomen.

ESTIMATED DURATION OF THE PROCESS:

• The radiology procedure takes approximately 5-10 minutes.

POSSIBLE UNDESIRABLE EFFECTS OF THE DRUGS TO BE USED AND POINTS TO BE CONSIDERED:

• Inform your doctor about the medications you use, your current or past serious diseases, and your drug allergy.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• First of all, pay attention to the x-ray technician's commands in order not to move and to ensure that the film comes out healthy and not to repeat the film. In addition, accessories such as earrings, piercings and glasses that may not be included in the film frame are removed before filming.
• If you are pregnant or suspected of being pregnant, it is your responsibility to notify your physician and x-ray personnel. In this case, if radiography is very necessary, it will be requested and you will be dressed in a lead apron and the least number of x-rays possible will be taken.

PROBLEMS THAT MAY OCCUR IF NOT PAY ATTENTION TO THE POINTS THAT MUST BE FOLLOWED:

• Your doctor will inform you about the problems you may experience if you do not pay attention to the precautions.

HOW TO REACH MEDICAL HELP ON THE SAME ISSUE IF NECESSARY:

• Not accepting treatment/surgery is a decision you will make with your free will. If you change your mind, you can personally reapply to our hospital(s) that can perform the treatment/surgery in question. **Phone: +90 232 330 04 67/68**
• **Medical research:** Reviewing clinical information from my medical records for the advancement of medical study, medical research, and physician education; I give my consent on the condition that the patient confidentiality rules in the patient rights regulation are adhered to. I consent to the research results being published in medical literature as long as patient confidentiality is protected. I am aware that I may refuse to participate in such a study and that this refusal will not adversely affect my treatment in any way.

APPROVAL

I have read the above information and have been informed by the physician who has signed below. I was informed about the purpose, reasons and benefits, risks, complications, alternatives and additional treatment interventions of the treatment/procedure to be performed. I approve this transaction consciously, without needing any further explanation, without any pressure. (**Hand written "I READ, UNDERSTAND, RECEIVED A COPY")**

……..

Patient	**Signature**	**Date/Time Consent Received**
Name-Surname (**hand written)**		
……..…..…….		……/……/……...

IF THE PATIENT CANNOT CONSENT:

Patient / legal representative	**Signature**	**Date/Time Consent Received**
Name-Surname (**hand written**)		
……..		……/……/……...

REASON FOR THE PATIENT'S FAILURE TO CONSENT (TO BE FILLED IN BY THE PHYSICIAN):

I will inform the patient/legal representative whose name is written above about the disease, the treatment/procedure to be performed, the purpose, reason and benefits of this treatment/procedure, the care required after the treatment/procedure, the risks and complications of the treatment/procedure, the alternatives of the treatment/procedure, if necessary for the treatment/procedure. If necessary, adequate and satisfactory explanations have been made about the type of anesthesia to be applied and the risks and complications of anesthesia. The patient/legal representative has signed and approved this form with his/her own consent, stating that he/she has been adequately informed about the treatment/procedure.

PHYSICIAN WHO WILL APPLY THE TREATMENT/PROCEDURE	**Signature**	**Date / Time**
Name and Surname:..……..…		...../...../..... .....:. .....
Title :…….		

IF THE PATIENT HAS A LANGUAGE / COMMUNICATION PROBLEM;

I translated the explanations made by the doctor to the patient. In my opinion, the information I translated was understood by the patient.

Translator's	**Signature**	**Date / Time**
Name and Surname (**hand written**):		... .../...../..... .....:.....

EXPLANATION:

• You can apply to the **Patient Rights Unit** during the day for all your complaints about medical practices or any issue you want to address.

• Legal Representative: Guardian for those under guardianship, parents for minors, and first degree legal heirs in cases where these are not available. Signing this consent document does not eliminate the patient's legal rights.