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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:

- IMPLANTS are surgically placed into the jawbone. First, an incision is made on the soft tissue in the area where the implant will be placed. The bone is exposed and the implant slot is prepared with special tips. The implant nail is then placed into this slot opened in the jawbone, and the gum is closed with stitches.
- It is usually left to **heal for 2–4 months or longer if necessary**. After the healing period, the implant is opened with a second surgical procedure and parts that will support the prosthesis are attached.
- The next stage is prosthesis construction. Although many detailed examinations are performed to determine the height, width and suitability of the bone before surgery, inadequate or irregular bone shape may be encountered during the placement of the implant.
- In such cases, bone grafting and some additional surgical procedures may be required.
- If bone grafting or additional surgical procedures are performed, the estimated treatment period may be extended. The success of implant treatment depends on many factors.
- Before implant surgery, all periodontal treatments of the patient must be completed and the patient must have good oral care. Additionally, there are some patient-related factors that reduce the success of implant treatment. Examples of these include diabetes, excessive alcohol consumption, smoking, some mental disorders, blood diseases, immune system disorders, cortisone use and radiation therapy.
- Careful and appropriate care for that area after the operation, brushing the toothed areas in the mouth, gargling, and complying with all the hygiene rules recommended by your doctor are of great importance for the success of the treatment.

EXPECTED BENEFITS FROM THE PROCESS:

- Implant Surgery aims to stop the progression of the mentioned problems and treat them.
- It is expected that all kinds of toothlessness and missing functions will be eliminated

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

- Edentulous spaces can be restored with other prosthetic methods without implant application, or it can be preferred to continue the current situation without restoration.
- You should know that if no treatment is applied, the jaw bone in the area of tooth loss may melt over time and this may cause retention, function and aesthetic problems in the use of prosthesis in the coming years.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

- There may be alternative treatment options to implant-supported prostheses.
- However, since there are variable factors such as the number of lost teeth, the type, location and health of the remaining teeth, the appropriate prosthesis options to be recommended for each person will be different.
- Your missing teeth can also be compensated with classical methods. Your doctor will explain the options suitable for you, their advantages and disadvantages.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

- During planned treatments and procedures, local anesthesia-related or routine surgical complications may develop.
- If you have a history of allergy to local anesthesia, heart disease, blood diseases, high blood pressure or other general health-related conditions, be sure to warn your physician.
- Your doctor is not responsible for any problems that may occur due to misrepresentation. Pain, swelling, burning, infection, temporary or permanent nerve damage and unexpected allergic reactions may develop during and after local anesthesia application.
- Allergic reactions; Itching, rash, nausea, vomiting, difficulty breathing, increase (tachycardia) or decrease (bradycardia) in heart rate, may be life-threatening with a very low probability.
- Successful results may not be achieved due to reasons such as poor oral hygiene, missing appointments, and not following the doctor's recommendations and warnings regarding treatment.
- After the operation, bruising, swelling, bleeding, infection, difficulty in opening the mouth, numbness in the tissues or sensory changes may occur. In addition, damage to adjacent teeth, sinus damage in the upper jaw, and nasal floor damage may occur.
- Infections; It may result in loss of both the implant and the healthy bone tissue around it.
- If the implant does not fuse with the bone, it may need to be removed.
- After surgery, some pain, swelling and bruising may occur. However, these problems should disappear within a week. Otherwise, it is necessary to contact the doctor as soon as possible.
- After the operation, there may be swelling, pain, bleeding and bruising, sensory nerves may be damaged and this may cause temporary/permanent numbness, limitation in opening the mouth that may last for a few days, and strain in the jaw joint,
- Opening the sinuses in the upper jaw may require additional treatment. If the sinus is entered, sinusitis symptoms that last for a few days may be observed. In this case, some medications will be used and additional treatment time will be required. If necessary, consultation from an ear, nose and throat specialist may be requested.
- Differences in gingival level may occur during and after treatment. Accordingly, changes in appearance may occur.
- In cases where the implant needs to be removed (additional or different applications such as tooth extraction, root canal treatment, biomaterial application, etc. during or after the operation), it is recommended by the physician.
- In some cases, as a result of a delay in the healing of the implant or its failure to heal, the placed implant may need to be removed and replaced with a new one.
- After implant treatment, gum healing takes approximately 10 days, while bone healing may take approximately 3-6 months. In cases where bone addition to the sinus is required, healing in the upper jaw may take up to 9 months. It is important that you strictly follow the advice given to you by your doctor after the implant operation. If not complied with, some undesirable situations may occur.
- If necessary, synthetic or animal-derived bone and similar materials are used during implant applications. If you do not want these substances to be used, be sure to inform your doctor.

ESTIMATED DURATION OF THE PROCESS:

- Since the estimated duration of the operation may vary depending on the person and the application, your physician will inform you.

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

- If local anesthesia is to be applied to provide pain control during treatments, if necessary, the gums or the inner part of the cheek are first anesthetized with a topical anesthetic substance (spray). When the area is numb, anesthetic liquid is injected with a syringe and the tooth and the area where it is located are numbed for a while. After local anesthesia, although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis.
- Local anesthesia is a successful application as long as there are no anatomical differences or acute infections in the area. When local anesthetic substances are applied to the area to be treated, they temporarily stop nerve conduction and provide numbness **for 1-4 hours**, depending on the amount of the substance used and the place of application. For this reason, eating and drinking is not recommended until the numbness subsides to prevent wounds on the inside of the cheek and lips due to biting.
- In case of bleeding during the application, various haemostatic drugs (Transamine amp and K vit.amp. etc.), various haemostatic medical materials, anti-inflammatory agents, graft-membrane material, periodontal pastes can be used when necessary. An allergic reaction may occur to the active ingredients contained in these agents.
- You will need to use some medications during and after the procedure. The medications your doctor recommends you use will have some side effects. These side effects include nausea, vomiting, weakness and drowsiness, and anaphylactoid reactions.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

- The procedure can be performed locally/regionally/infiltratively. Therefore, **take aspirin, vitamin E, coenzyme Q, etc. for 3 days before** the procedure. You should not take blood thinners such as: If you are using medication or similar substances, or if you have an infectious disease such as AIDS, Hepatitis B/C, or a problem such as diabetes, heart, high blood pressure or kidney failure, you must inform your doctor.
- Before giving an anesthetic agent, your doctor should be informed about any systemic disease, pregnancy, any medications used, or any allergic condition. Excessive use of alcohol and cigarettes weakens the effect of anesthesia. It then hinders the healing process.
- Avoid sudden movements (moving the head, intervening with hands) while performing the procedure inside the mouth. Failure to pay attention may cause injuries to the surrounding tissue and adjacent teeth.
- The rate of lung infection (microbial diseases), thrombosis, heart and lung complications (adverse situation) is higher in smokers. Quitting smoking 6 weeks before the procedure may help reduce the risk.
- Oral care (mouthwash, etc.) should be taken into consideration to protect against infections.
- After the application, nothing should be eaten or drunk for 2 hours, and soft and warm foods and drinks should be consumed in the first days. There may be a period of sensitivity to cold hot drinks and foods.
- If your pain complaint persists, please contact your physician.
- You should not smoke for 3-4 weeks after the procedure.

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. The mouth tampon should not be removed for half an hour after the application, the tampon should not be changed frequently and spit out. Otherwise, your bleeding will increase.
- You should not drink or eat anything for the first 2-4 hours, and soft and warm foods and drinks should be taken on the other days.
- After the procedure, attention should be paid to oral cleaning (brushing teeth, etc.) to protect the extraction site from infections.
- Since stitches will be applied if necessary after the procedure, regular dressings must be made until the area heals after the procedure and periodic check-ups must be made on the dates determined by the Physician.
- After the prosthesis procedure is completed, clinical and radiological control is required once a year.

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 the clinics/hospitals that can perform the treatment/surgery in question.
- In case of possible side effects related to the practices performed in our institution, emergency interventions will be carried out by the responsible physician and relevant healthcare personnel. If you encounter any complications; You can apply to our clinic without an appointment. **Phone: +90 232 330 04 67/68**



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- **Medical research:** Reviewing clinical information from my medical records for the advancement of medical study, medical research, and Physician education; I give my consent provided that the patient confidentiality rules in the patient rights regulation are adhered to. I hereby consent to the research results being published in the 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"**)

.....

<u>Patient</u>	<u>Signature</u>	<u>Date/Time Consent Received</u>
Name-Surname (hand written)		

..... / /

IF THE PATIENT CANNOT CONSENT:

<u>Patient / legal representative</u>	<u>Signature</u>	<u>Date/Time Consent Received</u>
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.

<u>PHYSICIAN WHO WILL APPLY THE TREATMENT/PROCEDURE</u>	<u>Signature</u>	<u>Date / Time</u>
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.

<u>Translator's</u>	<u>Signature</u>	<u>Date / Time</u>
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.