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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:**

- Sinuses are air-filled, mucosa-lined cavities in the skull. The sinus located in the upper jaw is called maxillary sinus. The maxillary sinus is in close proximity to the upper jaw molars. With the loss of these teeth, the sinus sags and moves closer to the oral cavity. When an implant is needed in the toothless space, the sinus is surgically opened and its mucosa is pushed a little, bone graft is filled into the resulting space and the sinus is returned to its previous position.
- You and/or your companion may need to take an x-ray and/or computerized tomography (CT) 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.

**EXPECTED BENEFITS FROM THE PROCESS:**

- Sinus prolapse may occur due to early loss of teeth adjacent to the sinus area or chronic sinusitis.
- This situation may prevent surgical interventions such as implants. More successful restorations can be made by performing this procedure.

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

- In case the procedure is not performed, toothless spaces can be restored with other prosthetic methods without sinus lifting and implant application, or it can be preferred to continue the current situation without restoration.

**ALTERNATIVES TO THE PROCEDURE, IF ANY:**

- If treatment is not performed, the edentulous space can be restored with other prosthetic methods.
- Edentulous spaces can be restored with other prosthetic methods without implant application, or it can be preferred to continue the current situation without restoration.

**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.

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- Pain, swelling, burning, infection, 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.
- Another risk is regional anesthesia (during local anesthesia), temporary or permanent nerve damage, and numbness of the facial nerve, which moves facial muscles such as the eyelids and forehead. This is a condition that passes spontaneously within an hour or two.
- During the operation, the soft tissue (mucosa) in the cavity may tear.
- The procedure can be postponed or continued depending on your physician's decision.
- Although rare, graft and therefore implant loss may occur after the procedure.
- During the treatment, pain and discomfort, swelling, infection, bleeding, injury to the adjacent tooth and soft tissue, temporomandibular joint disorder, temporary or permanent numbness and allergic reactions, fever, weakness,
- Death as a result of septicemia, reversible or permanent numbness or paralysis in the tissue due to nerve injury, the need to remove existing prostheses and replace them after treatment, loosening of teeth, acute or chronic sinusitis due to infection in the sinus.
- If there is a possibility of bleeding from the nose, the physician must be notified.

#### **ESTIMATED DURATION OF THE PROCESS:**

- The procedure time varies depending on the extent and complexity of the operation and complications during the procedure, but it can take **between 30 minutes and 1 hour** on average.

#### **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.
- 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.
- 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.
- 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, soft and warm foods and drinks should be consumed in the first days, the mouth should not be opened too much, one should not talk for too long, gum should not be chewed, and one should not smoke for 3-4 weeks after the procedure.
- Your doctor may recommend antibiotics, painkillers or mouthwash before or after the operation. You must apply these medications as directed.
- Sneezing and nose blowing should never be done after the procedure.

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**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. After the application, the tampon should be removed according to your doctor's recommendation, the tampon should be changed frequently, it should not be spit out, if blood occurs, it should be swallowed, the procedure site should not be opened or tampered with.
- After the procedure, you must follow the doctor's recommendations to protect yourself from infections.
- After the procedure, you can start eating at the time allowed by your doctor. Follow your doctor's recommendations (exercise, nutrition program, etc.).

**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**

• **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.

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**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**Name-Surname (**hand written**)**Signature****Date/Time Consent Received****IF THE PATIENT CANNOT CONSENT:****Patient / legal representative**Name-Surname (**hand written**)**Signature****Date/Time Consent Received****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.