

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:

• Prosthetic dental treatment generally covers the pre-prosthetic examination of people over the age of 14 for prosthetic purposes and is a treatment used in patients who are late for treatment. This method is the process of replacing lost teeth with various prostheses in an aesthetic appearance, without compromising the integrity of the mouth. This practice, also known as "prosthetic dental treatment" among the public, aims to help people feel better aesthetically. Prosthetic dental treatment also contributes significantly to oral and dental health by restoring people's chewing and speaking functions. Prosthetic dental treatments are performed only by "prosthodontists", known as prosthodontists. Prosthodontists fill the vacant spaces in case of loss of all or part of the teeth for different reasons. Tooth losses that disturb people enough to isolate them from social life can be replaced with prosthetic dental treatments.

• **Crown / Bridge Removal:** Bridge dental treatment is the process of filing and reducing the healthy teeth on the right and left sides of the missing teeth and placing them on the bridge prosthesis. Bridge dental treatment is a traditional practice and one of the most frequently used methods by dentists. As with all other dental treatment methods, bridge dental treatment ensures that the dental tissue is preserved as much as possible. Evaluation of the underlying support teeth is performed with crown removal tools, with or without anesthesia, for procedures such as root canal treatment, caries detection or tooth extraction. If the crown/bridges do not come off with this process, the crown/bridge must be cut and the prosthesis may become completely unusable.

• **Temporary Crown:** Temporary crowns are made to protect the teeth and relieve their sensitivity during the period after the teeth are cut, that is, reduced, for the purpose of making a fixed prosthesis such as a crown or bridge, until the permanent crowns are installed, or when the existing crowns need to be removed, they are applied to the patient until permanent fixed prostheses are made. They are fixed prostheses. Acrylic temporary crowns are prepared by taking measurements until real dentures are made on the cut teeth. They are usually made of a plastic material. They are bonded to your teeth with temporary bonding materials.

• **Repair:** When there are breaks or cracks in fixed and removable prostheses, repairs can be made by a technician in the mouth or in the laboratory. As a result of the repair, there may be a color difference and a new break or crack may occur.

• **Feeding:** Feeding can be done into removable dentures that have lost their retention over time.

• **Night Plate:** Night plate is a transparent appliance prepared in a laboratory environment and generally applied to the upper jaw, after teeth measurements are taken from patients suffering from teeth clenching. For teeth clenching, grinding, bruxism or surgical purposes, oral measurements are taken and a plate is prepared for the lower or upper jaw

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in the laboratory. Clenching and grinding of teeth during sleep can cause wear on the teeth and tension-type pain in the head and neck muscles. Night plate reduces these complaints. It also prevents irreversible problems such as wear on teeth.

EXPECTED BENEFITS FROM THE PROCESS:

- Evaluation of patients in need of oral and dental treatments in terms of general systemic and dental health; It is a correct practice for the benefit of the patient.
- Benefits of night plate; It prevents further damage to the teeth. It eliminates temporomandibular joint complaints. It reduces the tension in the chewing muscles and allows the tissues to receive sufficient blood.

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

- Dental treatments vary greatly and many patients may require more than one treatment. Correct planning of these treatments provides more comfortable and shorter treatment periods. Additionally, it is not always possible to have a complete treatment plan. Therefore, you will decide which treatments should be given first, based on the information provided by your physician during this examination.
- Temporary Crown; It is applied 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, and to regulate chewing, aesthetic and speech functions. If it is not applied, the patient will encounter all these problems.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

- There is no alternative to the procedure.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

- If the crown/bridges do not come off with this procedure, the crown/bridge must be cut and the prosthesis may become completely unusable. During this process, the prosthesis may crack or break, the underlying tooth may break or need to be extracted.
- If the prosthesis needs to be repaired or rebuilt, all financial expenses belong to the patient.
- Temporary crowns may not exactly reflect the color and shape of real dentures. Since it is temporarily glued, it may fall off over time.
- As a result of feeding, the prosthesis may not be fully adhered to, it may be damaged, and the harmony of the prosthesis and teeth may be disrupted.
- A second appointment is made by the physician for the night plate so that the plate can be adapted to the mouth.

ESTIMATED DURATION OF THE PROCESS:

- The estimated duration of the procedure varies between **30 minutes (thirty minutes) and 1 hour (one hour).**

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 important diseases, and your drug allergy. Local anesthesia is applied to provide pain control during the treatments. If necessary, first the gums or the inside of the cheek are anesthetized with a topical anesthetic (spray). Depending on the patient's general medical condition, local anesthesia selection or dose adjustment is determined by the physician or in consultation with the relevant specialist physician. Anesthetic substances with active ingredients such as articaine, lidocaine, mepivacaine, etc. are used to provide local anesthesia.
- Local anesthetic drug is injected with a syringe, and the tooth and its area are numbed for a while. The effect of anesthesia disappears after 1-4 hours. If local anesthesia is not applied, the procedures either cannot be performed because they will be too painful, or a more complicated procedure is performed under general anesthesia.
- Although rare, the patient may experience allergic reactions, loss of sensation, bleeding, temporary muscle spasms, and temporary facial paralysis after local anesthesia. Anesthesia may fail if there are anatomical differences or acute infections in the area. The area where local anesthesia is applied is numb for approximately 1-4 hours. 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. There is no alternative to the procedure. Average processing time; It is 5 minutes.
- In case of bleeding during the application, various haemostatic drugs (Transamine amp and Kvit.amp etc.) and various haemostatic medical materials can be used.
- Antibiotics, painkillers, anesthetics, washing solutions and other drugs; It may cause skin and gum symptoms such as redness, tissue swelling, and itching; It should be known that it may cause nausea, diarrhea, stomach-related complaints, swelling, redness, temporary facial paralysis due to anesthesia, and although very rare, it may cause life-threatening allergic effects such as anaphylactic shock. If numbness is not sufficient during root canal treatment, pain may be felt and additional anesthesia may be required.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

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- Before giving a local anesthetic, 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. At the time of application, avoid sudden movements (moving the head, intervening with hands) while performing the procedure in the mouth. Failure to pay attention may cause injuries to the surrounding tissue and adjacent teeth. Do not bite your lip and cheek during the numbness after local anesthesia. The anesthetic will be removed from the body within 24 hours. • After the night plate is removed from the mouth, it is cleaned with a brush and toothpaste and placed in the box given to you by your physician. After the plaque is removed, it should not be wrapped in a paper napkin and left somewhere. Otherwise, the napkin may be mistaken for garbage and thrown away. Before applying the plate, the teeth must be brushed and the plate must be placed on clean teeth. Night record; With regular use, the problems experienced begin to decrease within a few days. There is also a clear improvement in headaches and jaw pain caused by problems such as teeth grinding and jaw clenching. The duration of use of the night plate is also important. It should not be used for more than 12 hours in a 24-hour period during the day.
- Temporary coatings/crowns can be broken by chewing forces and hard foods because they are made of plastic material. Consult your doctor as soon as possible to have it reconstructed. Renewed temporary crowns may impose additional costs on the patient. It may cause discomfort in the mouth or stick 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 denture on the teeth, the feeling of height is generally felt when the denture is high and occurs with the early contact of the temporary denture 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.
- As a result of long-term toothlessness, soft tissues such as cheeks and tongue may spread towards the empty part in these areas. If there is a problem such as biting these soft tissues, inform your doctor immediately or during the rehearsal sessions.
- Since these prostheses are not bonded with a hard adhesive as in permanent crowns, leakage may occur and pain may occur in the teeth. 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.
- A dentist should be consulted every six months for control purposes.

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

- 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.
- In case of a complaint or problem regarding the prosthesis, the patient should not try to fix it himself and should consult his physician.
- In some diseases (systemic lupus) and in very rare cases, sensitive people may develop allergies to the materials used in the construction of all prostheses. Follow your doctor's recommendations.
- Getting used to dentures is a matter that takes some time. During this process, patients should take small bites into their mouths, chew the food slowly without opening their lips, and use both right and left sides while chewing. In the first days of wearing the dentures, it is recommended not to eat soft foods (hard foods, nuts, etc.) and not to chew gum. If you have a painful condition that requires you to constantly use painkillers, other than feeling pain or mild aching in the teeth under the denture, be sure to consult your physician.
- Forcing temporary dentures with a toothpick or trying to get in between them with dental floss will cause your crown to come off.
- Hard and sticky foods should be avoided during the use of temporary prosthesis. 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.

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.

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**)

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...../...../.....

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.