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:

• Teeth whitening is a cosmetic procedure. Yellowing of teeth is seen in the enamel layer. The enamel layer is the hardest, richest in minerals and is like a protective sheath for the lower layers of the tooth. There are no nerve cells in this layer and it is a calcium-rich layer. The whitened layer of the tooth is enamel.
• Yellowing of teeth is caused by **external (extrinsic) discolorations and internal (intrinsic) discolorations**.
• **External discolorations** generally develop due to poor oral and dental care, excessive consumption of foods and beverages that cause color change (chromatogenic) and tobacco use (cigarettes, pipes, cigars, etc.). These stains usually appear as a thin film on the tooth enamel. Substances that cause tooth yellowing, mostly as a result of the reaction between sugar and amino acids, accumulate on the tooth enamel. In addition, proteins in the structure of saliva form plaques by adhering through calcium bridges. In the early stages of color change, brushing with all toothpastes is sufficient. However, stains that accumulate over time and are not completely removed by brushing take on a darker color, darkening the color of the teeth and causing permanent yellowing.
• **Internal discolorations** are seen due to aging, consumption of too much fluoridated water, and the use of drugs that prevent calcification in teeth (or prevent homogeneous calcification) such as tetracycline. Internal colorations; They cannot be cleaned by brushing teeth. In these stains, the aim is to oxidize the chromogenic substances and whiten the tooth by using whitening agents that can affect the enamel and dentin layers. The types of intrinsic stains that respond most quickly to teeth whitening are those that occur due to aging and genetics, and yellowing due to smoking and coffee consumption.

TEETH WHITENING METHODS;

• **Office(Power)Blaeching;** Vital whitening (applied to living teeth): It is an application performed within one hour in a clinical environment. It is the fastest, most reliable and effective whitening system, consisting of whitening gel and light, that can lighten teeth color by 3-4 shades in a short time.
• **Teeth whitening at home (Home Bleaching);** It is a whitening process performed by placing gels into personalized plastic mouthpieces with a simple oral measurement. The desired whitening is achieved in approximately 5-7 days. It needs to be worn for 4-8 hours a day (may vary depending on color and gel).
• **Devital whitening** (root canal treated tooth) is the whitening of the tooth from inside to outside. First, the pulp is removed with root canal treatment. Sodium perborate is placed inside the tooth. Sodium perborate dissolves discolorations and whitens teeth. After root canal treatment, for teeth that have undergone root canal treatment and changed their color, have abnormal color for any reason, or do not satisfy the patient aesthetically, a whitening agent is placed in the coronal part of the tooth and repeated sessions are repeated at one-week intervals until the desired color is

achieved. During the treatment, the patient is given a temporary filling. When the treatment is completed, the teeth are permanently restored.

EXPECTED BENEFITS FROM THE PROCESS:

• It provides a more conservative and natural appearance and is cheaper compared to prosthetic approaches.
• By applying a whitening agent to teeth that have changed their normal color for any reason, the patient's aesthetic expectations are tried to be met by making the teeth whiter and normal.

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

• The discoloration may increase; if the tooth discoloration is due to decay or infection and is not treated, the decay may progress.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• If sufficient aesthetic satisfaction cannot be achieved, restorative and prosthetic treatments can be tried.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

• Vital whitening (applied to living teeth) If the discoloration of the teeth is very severe, a very late or no response may be received to the treatment. The patient may have complaints of sensitivity during treatment. As a result of contact of the agent with soft tissues during treatment, pain, allergic reaction and sensitivity, and temporary color change may occur in the tissues. The result of the whitening process varies depending on the person's tooth structure and coloration and remains constant for approximately 6 months to 2 years. Of course, this period also depends on the person himself.
• **Devital whitening (applied to root canal treated teeth)** If the discoloration of the teeth is very severe, a very late response to the treatment may be obtained. Pathologies such as cervical resorption may occur in the treated teeth, in which case the necessary treatment is applied.
• **Teeth whitening procedure poses a risk to whom it cannot be applied;**

- o People who are thought to cause harm from the whitening process (if their tooth roots are exposed, if they have gum problems),
- o If you have severe tooth sensitivity or extensive caries,
- o Fillings etc. that will not respond to whitening in the front area teeth and will cause a color difference afterwards. In those with restorations,
- o Those who will continue to use tea, coffee, coloring foods and cigarettes, especially for the first week after treatment,
- o Since the result cannot be achieved in people whose tooth enamel is very transparent,
- o In pregnant women,
- o It is not applied to those under 15 years of age.

ESTIMATED DURATION OF THE PROCESS:

• The estimated time for Vital whitening performed in the clinic is **50-60 minutes** on average. Your dentist will decide how many sessions the procedure will take. The interval between each session is minimum 7 days. It is not recommended to perform any other restorative procedures on teeth that have been whitened within 14 days.

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

• Before starting the whitening process, any systemic disease, pregnancy, any medications used, or any allergic condition should be reported to the physician.
• Whitening agents mainly contain hydrogen peroxide and carbamide peroxide. This substance may cause allergic reactions in the patient. It must be used under the supervision of a physician.
• Prolonged contact of whitening agents with soft tissue may cause burns. Although gum protectors are used to protect against possible burns during the procedure, burns may occur on the gums despite the gum protector due to tooth structure, gums, etc. These burns disappear within 3-4 hours.
• It is quite normal to have some tingling on the first day after the procedure. If the intensity of pain cannot be endured, painkillers and anti-inflammatory drugs can be taken under the supervision and advice of a physician.
• In case of sensitivity, the fluoride your dentist will apply and the toothpaste or creams he will recommend will reduce this tooth sensitivity.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• It is not recommended to consume foods with coloring properties (tea, coffee, cigarettes, wine, fruit juice, tomato paste dishes) for the first two weeks after the procedure.
• As a result of contact of the agent with soft tissues during treatment, pain, allergic reaction and sensitivity, and temporary color change may occur in the tissues. Teeth are permanently restored 15 days after the treatment is completed. The patient should pay attention to oral care. He should follow his doctor's advice.
• All whitening gels cause more or less sensitivity. This sensitivity to cold and hot drinks and even air causes discomfort. Very hot and very cold food and drinks should not be consumed. This is a normal and expected side effect. Otherwise, they will cause increased sensitivity. If the sensitivity does not disappear within 24-48 hours, we recommend discontinuing the use of whitener.

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.
• You should not drink or eat anything cold or hot for the first 2-4 hours, and non-acidic and warm foods and drinks should be consumed on the other days.
• As a result of the patient not paying attention to the doctor's recommendations during and after the application, the desired tooth color cannot be achieved, the procedure must be repeated in several sessions, re-coloring occurs, external cervical resorption, (hard tissue loss of the tooth as a result of odontoclastic activity), gingival ulceration (painful, necrotic formation of the gingival tissue). , a smelly inflammation), irritation (formation of lesions on the gums, tongue, lower lip and cheek mucosa), and pain and sensitivity problems may occur.
• It is not recommended to consume foods with coloring properties (tea, coffee, cigarettes, wine, fruit juice, tomato paste dishes) for the first 14 days after the procedure. Otherwise, the whitening process may be reversible.

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 can refuse to participate in such a study.

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.