

Document Code:

HD.RB.28

First Release Date:

25.08.2016

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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:

- **GUM INFLAMMATION** is the downward recession of the gum tissue due to bacteria caused by tartar, bad coatings or genetically based gum diseases. It is a type of inflammation that can occur in the bone and gum tissues around the teeth. Symptoms of gingivitis include bad breath, red and swollen gums, a bad taste sensation, gum recession and exposure of the tooth root, loosening and curvature of the teeth, and bleeding gums. Gingivitis is treatable, but the treatment process depends on the stage of inflammation. A treatment that begins at the 'gingivitis' stage can often result in high success. Treatment of gingivitis usually involves procedures to eliminate tooth buildup (plaque and tartar) and ensure a smooth root surface. In advanced cases, surgical treatment may be required.
- **DENTAL STONE** is a layer of BACTERIAL PLAQUE that forms when daily dental cleaning is neglected and can turn into tartar. The formation of tartar generally depends on the saliva structure and the importance you give to teeth cleaning, and failure to clean the tartar may cause gum recession.
- **TOOTH STONE CLEANING:** It is the removal of dental stones from the tooth surface with ultrasonic devices or hand tools. It is usually performed under local anesthesia. It is the process of removing tissues affected by infection and disease-causing microbes under local anesthesia. When teeth are not cleaned properly, bacterial growth occurs due to food debris accumulating on and between the teeth, resulting in an inflammatory disease that affects the gums and other tissues that support the teeth. These pulp-like deposits, called bacterial plaque, are the main cause of tooth decay and gingivitis.
- These residues on the teeth form tartar over time due to the settling of saliva. In later stages, tooth extraction may become inevitable.

EXPECTED BENEFITS FROM THE PROCESS:

- Reducing or eliminating gingivitis, stopping gum disease, reducing bleeding, achieving healthy teeth and gums, and preventing tooth loss.
- This procedure provides a more balanced smile and. Results are usually seen immediately and the healing process usually takes a few days.

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

- Gingivitis disease is bleeding on touch and spontaneously, bad breath, taste disorder, gum recession, bone loss and tooth loss.
- In addition, it may have significant negative effects on cardiovascular diseases, Diabetes mellitus and pregnancy in the long term.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

- There is no alternative treatment.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

- If the planned treatment and procedures are to be performed under local anesthesia, some complications may occur.
- 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.
- Sensitivity to hot and cold, teeth (shaking), bleeding, pain and tooth loss may occur.
- It allows the teeth to return to their own color.
- Scaling is not a teeth whitening process.

ESTIMATED DURATION OF THE PROCESS:

- Although the estimated duration of the procedure varies depending on the condition of the application area, it may be **between 30 minutes and 1 hour** on average.
- Your dentist will decide how many sessions the procedure will take. The interval between each session is minimum 7 -10 days.

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

- Before starting the procedure, your doctor should be informed about any systemic disease, pregnancy, any medications used, or any allergic condition.
- 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 applied 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.
- Painkillers and mouthwash may be prescribed after the operation. Stinging on the first day after the procedure is quite normal. 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.

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THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

- Procedures 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. Nothing should be eaten or drunk for 2 hours after the application, and soft and warm foods and drinks should be consumed in the first days. You should not smoke for 3-4 weeks after the procedure.
- Oral care (mouthwash, etc.) should be taken into consideration to protect against infections.
- Pain, allergic reaction and sensitivity may occur in the tissues as a result of contact of the agent with soft tissues during treatment. After the treatment is completed, the patient should pay attention to oral care. It is not recommended to consume coloring and acidic foods (tea, coffee, cigarettes, wine, fruit juice, tomato paste dishes) for the first two weeks after the procedure.
- Brush your gums with a soft toothbrush as recommended by the dentist and use dental floss / a brush designed to clean between the teeth.
- After the application, sensitivity to cold and hot drinks and even air may cause 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 that you seek advice or call your physician. Your gums will heal within 3 to 4 weeks, but it will take 2 to 3 months to take their final shape. Your old crowns and bridges, if any, should be replaced. Scaling should generally be done every 6-12 months.

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 dental cleaning cannot be achieved, the procedure must be repeated in several sessions, external cervical resorption, (hard tissue loss of the tooth as a result of odontoclastic activity), gingival ulceration (a painful, necrotic, odorous inflammation of the gingival tissue). , 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 coloring and acidic foods (tea, coffee, cigarettes, wine, fruit juice, tomato paste dishes, etc.) for the first 14 days after the procedure.

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

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 PHICIAN):

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.