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:

• **DENTAL FILLING** is a form of treatment performed to restore the functional and aesthetic properties of teeth by replacing tooth tissue losses due to decay, weakening or fracture with filling materials.
• Loss of dental tissues may occur due to reasons such as tooth decay or wear.
• Local (numbing a limited area) or regional (anesthetizing the nerve tissue as a block) anesthesia may be required to prevent you from feeling pain and suffering during the treatment.

EXPECTED BENEFITS FROM THE PROCESS:

• It is aimed to treat decayed teeth using filling material, to protect tooth integrity by eliminating the complaint, to eliminate aesthetic concerns, to prevent premature loss of teeth, to prevent systemic damage by treating teeth that are thought to form a focus of focal infection.
• It is expected to prevent the progression of decay, to eliminate problems such as hot and cold sensitivity, aesthetic anxiety, food accumulation between two teeth, and to restore the chewing function of the tooth.

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

• Tooth decay may progress and cause pain and infection, and root canal treatment or tooth extraction may be required. In case of loss of function and aesthetics, a prosthesis may be required.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• If patient satisfaction cannot be achieved due to sensitivity or tooth breakage or in terms of aesthetics after your filling procedure, root canal treatment and prosthetic applications may be tried.
• Crown Veneer Restoration can be performed on teeth with excessive material loss. In veneer crown restoration, in the first session, the tooth is reduced according to the treatment and the whole mouth is measured. Then, a zirconium or metal infrastructure is prepared on the model obtained from the measurements taken in the laboratory, and after the checks, porcelain work is done on the infrastructure.
• The other treatment option is tooth extraction. In this case, there is loss of function and aesthetics. A prosthesis may be required.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

• To prevent pain during the treatment, the relevant area can be anesthetized with local anesthesia. If the planned treatment and procedures are to be performed under local anesthesia, some complications may occur.
• If you have a previous 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.
• Some complications may occur during filling treatment, depending on the condition of the tooth. These complications; While cleaning tooth decay, opening (perforation) of the dental pulp may occur.
• Pain and discomfort may occur where the anesthesia (injection) is administered. The patient may not be able to open his mouth fully. This situation is temporary. In rare cases, if the tip of the anesthesia needle passes too close to the nerve, a sudden sensation of tingling in the tongue, teeth or lips may occur. There may be numbness in this area for a few days. This situation will go away on its own, if not, a specialist should be consulted.
• Some complications may occur during filling treatment, depending on the condition of the tooth.
• Root canal treatment may be required due to problems such as falling or breaking of the filling during and after the filling, breaking of the tooth, severe pain and inflammatory reactions that develop after the filling in deep cavities, sensitivity and allergic reactions to some restoration materials after the filling, and the patient's discomfort after the restoration of the tooth. It may be that aesthetic expectations cannot be met.
• There may be height in the filling. In this case, pain or tooth fracture may occur while chewing. It is necessary to apply to the clinic to have the height taken as soon as possible.
• Pain and discomfort during the treatment, swelling, infection, bleeding, injury to the adjacent tooth and soft tissue, temporary or permanent numbness and allergic reactions.
• Opening of the dental pulp (perforation) may occur while cleaning tooth decay.
• Fillers may sometimes not be completely compatible with the natural color of the tooth.
• In teeth with excessive material loss, your filling may break or fall out. To prevent this, it may be necessary to apply a crown veneer to the filled tooth.
• Depending on the distance of the decay to the nerve, there may be cold and hot sensitivity after filling. Even when drinking water, there may be extreme sensitivity at first. This complaint may decrease or increase over a few months or less. If it increases, it is not due to a bruise being left under the filling; It is caused by the degeneration of the nerve due to fatigue due to the effects of stimuli. In this case, root canal treatment is performed. After each filling, there is more or less possibility of root canal treatment.

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 and 60 minutes on average.
• Aesthetic filling applications may take longer. Your dentist will decide how many sessions the procedure will take. The interval between each session is at least 2-3 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, all 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 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.
• If the numbness is not sufficient during the filling procedure, pain may be felt and additional, more effective local anesthesia may be required.
• 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.

• 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.
• Fillers may sometimes not be completely compatible with the natural color of the tooth. In teeth with excessive material loss, your filling may break or fall out. To prevent this, it may be necessary to apply a crown veneer to the filled tooth.

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.
• 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. You should not smoke for 3-4 weeks after the procedure.
• Pain, allergic reactions and sensitivity may occur in the tissues as a result of contact of the agent with soft tissues during and after treatment. Depending on the distance of the decay to the nerve, there may be sensitivity to cold and hot after the filling. Even when drinking water, there may be extreme sensitivity at first. Very hot and very cold food and drinks should not be consumed. This complaint may decrease or increase rather than decrease in a few months or less.
• After the filling treatment, there may be mild to moderate pain for 1 week. During the first 6 months, sensitivity and tingling that is not severe in hot or cold weather is quite normal. It may be necessary to use painkillers. If the pain complaint increases, it is not because of the bruise left under the filling; It is caused by the degeneration of the nerve due to fatigue due to the effects of stimuli. In this case, root canal treatment is performed. After each filling, there is more or less possibility of root canal treatment. If you experience swelling and throbbing pain that wakes you up at night after the treatment, you should contact your doctor.
• After the treatment is completed, the patient should pay attention to oral care. Brush your gums with a soft toothbrush as recommended by the dentist and use dental floss/a brush designed to clean between your teeth.
• Front tooth radiated fillings should be used with caution, hard objects should not be bitten. After amalgam fillings, nothing should be eaten or drunk for 2 hours for the filling to harden.

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 rules that must be followed.
• 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 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.