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:

• In Messeter (Jaw) botox application; Chin botox is an application that is often performed in cases where there is excessive activity of the chewing muscle, to reduce this activity to average limits.
• Impact of Application; Botox prevents the stimulation from the nerve from being transmitted to the muscle. In this way, the muscle stops contracting and the muscle begins to return to its previous size as the overwork of the masseter muscle will decrease.
• The jaw muscles (masseter muscle), which enable us to chew the food we eat, can become overworked and enlarged due to situations such as teeth clenching, jaw joint diseases, and consuming hard foods.
• Masseter hypertrophy (enlargement of the jaw muscle), which has negative consequences both functionally and aesthetically, can affect our daily lives as pain or deformity.
• (Jaw) Masseter Botox application limits the excessive activity of this muscle, eliminating the angular or asymmetrical appearance seen on the face and preventing problems such as clenching or grinding the teeth.
• Although studies have reported a decrease in chewing strength in a small group of patients who received botox, no situation is expected to interfere with chewing function.
• The substance used in Botox application is a protein secreted by the bacterium Clostridium botulinum. This substance temporarily reduces or destroys the function of the muscle in the applied area by blocking the electrical transmission from the nerves to the muscles.
• Botox material is injected into the muscle from several points with very fine-tipped special needles. The patient is placed in a semi-sitting position. Botulinum toxin is administered intramuscularly at a 30 - 45 degree angle with small syringes resembling insulin needles. The average dose is injected into each point by the physician (Your physician can change this dose).
• It is injected directly into the masseter muscle in a procedure that takes approximately 5 minutes. There is usually no pain felt during the procedure. People can continue their daily lives immediately after chin botox, which is not a surgical procedure.
• With this botox procedure applied to the jaw muscles, the size of the jaw muscles decreases. Thus, you will have a thinner and more prominent jaw line. You will be relieved of the pain caused by jaw clenching and teeth grinding.

EXPECTED BENEFITS FROM THE PROCESS:

• Teeth exposed to dental trauma,

o Preservation of their vitality,
o Ensuring the continuity of its functions,
o It is aimed to relieve pain.

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

• Joint and dental problems will continue to increase as the patient will continue to clench and grind his teeth.

ALTERNATIVES TO THE PROCEDURE, IF ANY:

• Muscle relaxants, occlusal splints, medications and behavioral approaches can be applied to both teeth clenching or teeth grinding problems.

RISKS AND COMPLICATIONS OF THE PROCEDURE:

• Botox has no known permanent effect. In rare cases, if capillaries are encountered, temporary bruising and swelling may occur. It may rarely take 1 or 2 days.
• Temporary headache may occur,
• Difficulty in chewing may occur for 1-2 weeks after Messeter botox.
• It is not allergic. There is no need to test for sensitivity.
• No change in smile is expected after chin botox. However, as a rare complication, a temporary asymmetry in the smile muscles can be observed.

ESTIMATED DURATION OF THE PROCESS:

• The patient is not laid down, he is placed in a semi-sitting position. Injections are administered into the muscle at a 30 - 45 degree angle with 30 G needles. An average of 4-7 international units of botox are injected into each point. The whole process takes 10-15 minutes.
• The average dose is injected into each point by the physician (Your physician may change this dose).
• The effect of Botox begins 3-7 days after application and this effect continues for 4 (four) - 6 (six) months.
• The effect of Botox may increase as the number of applications increases.

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

• The substance used in Botox application is a protein secreted by the bacterium Clostridium botulinum.
• This substance temporarily reduces or destroys the function of the muscle in the applied area by blocking the electrical transmission from the nerves to the muscles.
• It is non-allergic, no test is required for sensitivity.
• There is no pain complaint that disturbs the patient during the application.
• If the physician deems it appropriate, various creams and oral medications can be used to treat edema, redness and bruises on the face. No cream should be applied to the face and oral medication should not be used without consulting a physician.

THINGS THE PATIENT SHOULD CONSIDER BEFORE AND AFTER THE PROCEDURE:

• Before Botox applications, all medications used and any history of neurological disease, if any, must be reported to the physician. However, botox applications are not recommended during pregnancy and breastfeeding.
• Botox is not applied to people with active dental infections.
• It is important not to massage the area or lie face down for the first 24 hours after chin botox applications.
• It is recommended that the person not consume hard foods or lean forward for the first few hours after the application.
• After Botox application, the injection areas should not be massaged for two days.
• You should not go to spas and saunas for a few days. The patient is called for a check-up whenever the physician deems appropriate.
• The masseter muscles to which botulinum toxin injection was applied should be exercised within the first 2 -4 hours. This process will increase the effectiveness of botulinum toxin on the muscles.

• It would be more appropriate to sleep on your back with a high pillow on the first night. It is recommended not to sleep face down.
• The face should not be rubbed or massaged in the first 24 hours.

• Since it may cause facial redness and edema in the first 24 hours, hot baths and showers should not be taken, baths or solariums should not be used, and intense sun exposure should be avoided.
• Heavy and intense sports, bodybuilding, pilates and yoga should be avoided in the first 24 hours, as they may increase blood pressure and cause facial redness and edema.
• Skin care and peeling should not be done on the face for the first week.
• After botulinum toxin injection, the application of methods such as mesotherapy, PRP, HIFU (High Intensity Focused Ultrasound), laser and radio frequency to the same area should not be performed without the approval of the physician, as they will shorten the effect time of botulinum toxin.

PROBLEMS THAT MAY OCCUR IF NOT PAY ATTENTION TO THE POINTS THAT MUST BE FOLLOWED:
• Please pay attention to the follow-up appointments your doctor gives you.

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.