Patient’s Name: Sena Cis

Phone: 05386381636

Date of Birth: 17/08/1995
Nationality:

Passport No: 1844802

Dear,

Please read the information given below. By reading and signing this information, you will have information about the treatments that will be applied to you or your child. Learning the benefits and risks of treatment planning will make you satisfied at the end of the treatment. Wishing you a healthy and happy life.

I, the undersigned, (or as the guardian of the patient), have been informed and understood about the diagnosis and treatment plan established by the physician/physicians. I have been informed about alternative treatments, their outcomes, and possible unwanted side effects. I have agreed to undergo the proposed treatment. I understand that during the course of treatment, new conditions may arise, and the plan may need to be modified, and I accept these possibilities.

I have been informed, understood, and accepted the potential risks that may arise if the treatment is not administered, the cost calculations compared to alternative treatments, and the possibility of seeking consultation from other physicians if deemed necessary.

All my questions regarding the treatment of my ward/patient have been answered. I am aware that the success of the treatments also depends on my cooperation, my responsibility to follow the recommended guidelines, and the necessity to discontinue harmful habits. I understand the importance of adhering to the prescribed medications in the proper dosage and duration as stated in the prescriptions.

I have been informed that the treatments aim to preserve health, and medical services will be provided with care. However, it has been explained to me that the outcome cannot be guaranteed in medical procedures, and I understand and accept this fact.

I hereby confirm and accept the treatment plan that has been explained to me or my ward/patient during the planning process. I have been informed and accepted the treatments as described above.

I have received detailed information regarding patient rights and responsibilities, as well as the rights and obligations of the physician.

After accepting the treatment, I give permission for the use of radiographs, photographs, videos, and other documents related to the patient for educational and/or scientific purposes, provided that they are anonymized.

During the treatments, limited numbing is applied to provide pain control. When necessary, at first, the gingiva or the inner part of the cheek is anesthetized with a topical anesthetic agent (spray). When the area becomes numb, the anesthetic liquid is injected with a syringe, and the tooth and the area are numbed for a while. Allergic reactions, loss of sensation, bleeding, temporary muscle spasms, temporary facial paralysis can be seen in patients, although rare, after local anesthesia application. Local anesthesia is a successful application if there are no anatomical differences or acute infections in the region. The area where local anesthesia is applied is numb for about 2-4 hours. For this reason, it is not recommended to eat and drink until the numbness subsides, in order to avoid wounds on the cheeks and lips due to the bite. After 2-4 hours, the effect of anesthesia disappears. During your treatments, biopsy may be required for further examination. Take care to be faithful to your appointments and to arrive on time so that the order and treatment program of our health institution is not disrupted. If you cannot come, cancel your appointment 24 hours in advance.

1. Are you currently undergoing any treatment? Are you taking any medication?

No.

2. Do you have or have you had any illnesses? PLEASE TICK.

Thyroid disorder (Taking Trold tablets).

3. Have you received radiation therapy in the head and neck area?

No.

4. Do you experience prolonged bleeding after surgery or injury?

No.

5. Do you have any other medical issues?

No.

6. Do you have a regular doctor whom you consult?

Name:

Phone:

7. Female-specific information regarding pregnancy, miscarriage, menstruation, and menopause.
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Do you have any addictions currently or have you had any in the past? If yes, specify:
Yes. alcohol 2 years ago

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DENTAL DISEASES AND TREATMENT PATIENT INFORMATION AND CONSENT FORM

INFORMATION

In order to inform you and get your consent to start your treatment, you must read this form, fill in and sign the sections at the end. Thank you for your participation and your time.

The most common complications of fillings;

• Pain

• Sensitivity that may occur during eating and/or temperature changes

• Breakage of the tooth during or after filling

• Damage to other teeth

• Jaw joint disorders

• Reaction to drugs and/or anesthetics

Some teeth may need root canal treatment even after a simple filling. Fillings are made to treat diseased teeth and may need root canal treatment during or after the treatment of these teeth. I learned about the complications that may occur during or after the filling. I was told that replacing amalgam fillings is not beneficial for health. It has been reported that the results of the bleaching process are not guaranteed and may have negative consequences.

I have been informed that the dental treatment or treatments that I have requested and approved are not guaranteed. I have read and accept the above terms.

ORAL AND JAW DISEASES AND SURGERY DENTAL EXTRACTION PATIENT INFORMATIVE AND CONSENT FORM

INFORMING

In order to inform you and get your consent to start your treatment, you must read this form, fill in and sign the required sections at the end. Thank you for your participation and your time.

Tooth extraction, whether it is a difficult or routine extraction, it is a surgical procedure and is irreversible. As with any surgical procedure, there are some risks. Some of these risks can be listed as following, but they are not limited as below.

1. Swelling and/or redness, discomfort at the surgical site,

2. Redness and cracking in the corners of the mouth due to stretching,

3. Infection occurrence and delayed wound healing,

4. Dry socket; jaw pain that begins a few days after surgery, often due to inadequate care; It is more common in lower jaw extractions, especially in wisdom teeth.

5. Damage to the adjacent tooth, especially in the presence of large fillings and crowns,

6. Loss of sensation or decreased sensation in the gums, lips, tongue, teeth and jaw tip. It can be seen especially in teeth with roots close to nerves, such as wisdom teeth. Numbness almost always returns to normal, but very rarely it can be permanent.

7. Trismus; It is a limitation in opening the mouth due to inflammation or swelling.

8. Bleeding-severe bleeding is not common. But bleeding in the form of leakage continues for several hours.

9. Sharp corners and bony steps may occur in the cavities after extraction. These are corrected with a new surgical intervention.

10. Incomplete removal of root fragments. Sometimes small pieces of root can be left in order not to damage important formations such as sinuses or nerves.

11. Sinus situation; the roots of the maxillary posterior teeth are very close to the sinuses, and in some cases, root fragments may escape into the sinus or an opening may form between the sinuses and the mouth; These situations need special attention.

12. Jaw fractures; Although it is very rare, it is possible to occur in difficult and deeply impacted tooth extractions.

Most surgical procedures are routine and major complications are not expected. Complications that occur are also minor and easily treatable conditions.

Tooth to be extracted: .............................................. .................................................................. .......

I have carefully read and understood the above, and I give my consent to the surgical procedure that will be applied.

ENDODONTIC TREATMENT CONSENT FORM

INFORMATION

In order to inform you and get your consent to start your treatment, you must read this form, fill in and sign the sections at the end. Thank you for your participation and your time.

I have understood that root canal treatment is a procedure to save the tooth from being pulled out. I learned that although root canal treatment has very successful clinical results, it is a treatment that can never be guaranteed because it is a biological process. I have understood that the small instruments used in the root canal during the treatment have a slight chance of breaking and this may adversely affect the success of the treatment.

I was informed that in some cases, especially in teeth with periapical lesions, if there is no healing after root canal treatment, repeat root canal treatment, surgical intervention and sometimes tooth extraction may be necessary.

I was informed that the procedures such as permanent restoration (filling, crown or bridge) to be made after the canal filling are subject to a separate fee and that I need to make an appointment as soon as possible to perform the upper restoration.

I had the chance to ask questions about the details of the treatment and alternatives, and I received adequate answers. Treatment alternatives were explained in detail; I had enough information to decide whether to extract the tooth, do nothing or perform the recommended endodontic treatment. I have fully read and understood this consent form and signed it.

IMPLANT SURGERY
PATIENT INFORMATION AND CONSENT FORM

DEAR PATIENT;

It is your most natural right to be informed about the implant treatment that will be applied to you. After learning about the benefits and possible complications of dental implant treatment, it is up to you to consent or not to consent to the procedure. This form, which we want you to sign, has been prepared to inform you about the known risks about your treatment.

Before starting the treatment, it is important for the patient to share the heart, diabetes, blood pressure and similar systemic diseases, infectious diseases such as hepatitis and other diseases and the medicines used by the patient with their doctor, both for their own safety and for the doctor to decide on the treatment method and plan the treatment.

Please read the information note given below about the implant application to be applied by your dentist and sign the form. Ask your doctor to explain the issues you do not understand once again.

|  |  |
| --- | --- |
| WHAT IS IMPLANT? | Dental implants are an application of contemporary dentistry. Today, implants made of titanium, similar to the root form, are placed in the jaw bones and prostheses are planned to replace the lost teeth. The success of implant treatment has been demonstrated by scientific studies with long-term follow-up. Accordingly, implants with sufficient number, diameter and length placed with atraumatic surgical procedure carry a prosthesis designed according to appropriate conditions with a high success rate of 99% in a period of 10 years, after a sufficient healing period. This rate is quite high and reassuring when compared to other dental treatments. However, this success only happens if the qualification criteria are met. |
| ALTERNATIVE TREATMENTS | Alternative treatment options (such as removable and fixed prostheses) to implant-supported prostheses can be found. However, since there are variable factors such as the number of missing teeth, the type, placement and health of the remaining teeth, the appropriate prosthesis options to be offered to each person will be different. Missing teeth can also be compensated with conventional methods. The patient should ask the dentist for an explanation of the options suitable for him and the advantages and disadvantages of these options. |
| SCOPE OF IMPLANT TREATMENT | Implants are surgically placed in the jawbone. An incision is made on the soft tissue in the area where the implant will be placed. The bone is exposed and the implant socket is prepared with special tips. Then the implant nail is placed in this slot opened in the jawbone, the gingiva is closed with sutures. It is usually left to heal for 2–4 months or longer if necessary. After the recovery period, the implant is opened with a second surgical procedure and the parts that will support the prosthesis are attached. The next stage is prosthesis construction.Although many detailed examinations were made to determine the height, width and conformity of the bone before surgery, insufficient or irregularity was observed during the placement of the implant. In such cases, bone grafting and some additional surgical procedures may be required. In the case of bone grafting or additional surgical procedures, the estimated treatment time may be longer.The success of implant treatment depends on many factors. There are some patient-related factors that reduce the success rate of implant treatment. Examples of these are diabetes, excessive alcohol consumption, smoking, some mental disorders, blood diseases, immune system disorders, cortisone use and radiation therapy.Particularly after the operation, careful and appropriate care to be applied to that area, brushing the toothed areas in the mouth, gargling and following all the hygiene rules recommended by your doctor are of great importance for the success of the treatment. |

|  |  |
| --- | --- |
| POSSIBLE OUTCOMES | As with all surgical procedures, some complications may occur in implant surgery. These; Post-operative bruising, swelling, bleeding, infection, difficulty in opening the mouth, numbness or sensory changes in tissues. In addition, there may be risks such as damage to the adjacent tooth, damage to the sinus and nasal floor in the upper jaw. Again, due to rare complications, the implant may need to be removed because it cannot fuse with the bone. |
| MAINTENANCE AND FOLLOW-UP ON IMPLANT USE | The long-term success of implant treatment depends on taking care of oral hygiene and following the personalized care program prepared by the dentist. Routine examinations should not be neglected for control at the times planned by the dentist. Between these periods, the patient is responsible for plaque control and oral hygiene. |

In the light of the above information;

I have understood that the aim of this treatment is to treat the problem caused by tooth loss in my jaw and to increase my chewing efficiency.

I understand that if this treatment is not applied, my jawbone may melt rapidly in areas with tooth loss and this may cause retention, function and aesthetic problems in the use of classical total and partial dentures in the coming years.

I have understood that there are possible surgical risks in implant treatment and that the risks herein include the following items,

• Post-operative swelling, pain, bleeding and bruising,

• Infection requiring additional treatment,

• Sensory nerves may be damaged and this may cause temporary/permanent numbness,

• Facing situations that require removal of the implant,

I understand that unforeseen situations may arise during implant treatment and that previously planned procedures may need to be expanded and modified.

I understand that post-operative care and follow-up are very important in the success of dental implants.

I understand the importance of the information I will provide about my medical history, my current general health status, and the problems I have experienced during my previous medical and dental treatments.

I declare that I have read the above written information about implant surgery and related complications, that I have informed my dentist about my general health status and the drugs I use, that I have consulted my dentist about issues that I cannot understand and that I have been enlightened about the treatment and complications to be applied by my dentist, knowing that I have the right to stop and refuse the treatment.

PATIENT INFORMATION AND CONSENT FORM FOR CROWN BRIDGE PROSTHESIS

INFORMATION

In order to inform you and get your consent to start your treatment, you must read this form, fill in and sign the sections at the end. Thank you for your participation and your time.

DETERMINING YOUR TREATMENT NEEDS

The need for fixed prosthesis (crown-bridge-inlay-filling, laminate veneer) may be caused by one or more of the following reasons.

1. As a preservative to prevent future breakage of teeth that have undergone root canal treatment,

2. To eliminate the hypersensitivity you feel due to invisible cracks in your teeth,

3. In broken teeth or fillings,

4. In the presence of excessive caries,

5. Cosmetic (resulting from your concerns about the color and form of your teeth) and aesthetic purposes,

6. Inability to chew due to inconsistent closure with the opposing jaw,

7. In teeth that wear out due to non-functional habits (pen biting, nail biting, etc.),

8. In teeth that are planned to be crocheted when a removable prosthesis is planned,

9. In fractures caused by accident,

10. For attachment in precision attachment prostheses,

11. In occlusion treatment in order to spread the chewing load on each tooth,

12. In fillings made with porcelain (inlay, onlay) of teeth with excessive substance loss,

13. Bridge prostheses are a treatment option for replacing lost teeth. For this, at least two suitable teeth adjacent to the edentulous area are required.

Fixed prostheses consist of the following treatment methods:

1- Crown: It is made to provide the form and function closest to the natural tooth. This treatment is necessary when the tooth cannot be treated with a filling. Treatment usually requires some dental tissue to be removed from the tooth. If you have bruises and trauma etc. If insufficient tooth tissue remains as a result, it may be necessary to fill the tooth before treatment to provide adequate support for the crown. Sometimes it is necessary to use the root of the tooth for support (post-core). The crown prosthesis is fixed by sticking it to the tooth it will carry.

Crown prosthesis can be made in several ways:

—Full porcelain: It is a metal-free coating. Its appearance is closest to the natural tooth. Metal allergy does not develop; however, the cost of the treatment is twice that of metal ceramics.

— Full metal: The support is made when the loss of substance in the tooth is too great.

— Metal-Porcelain: Porcelain is coated on metal infrastructure, there is no metal on the visible face. But sometimes on the palate side, a metal strip can be seen in the areas close to the gingiva.

2- Bridges: It is a series of crowns that are attached to replace an extracted tooth with an artificial tooth. A bridge requires covering at least two teeth adjacent to the edentulous area. Alternative treatments to the bridge for patients who do not want their natural and healthy teeth to be crowned; removable prostheses or, if the case is appropriate, implant supported crowns.

- Bridges are made of the same materials as crowns.

- In classical metal-ceramic bridges, abrading is done between 1.2 and 2 mm from all sides of the tooth.

- In the first appointment, the preparation of the support teeth, taking the measurements, making the temporary crowns are performed. It is essential that temporary crowns remain in the mouth during the treatment. If it falls, call your doctor; otherwise, the abutment may move and the permanent restoration will be difficult to fit.

- The second appointment is made after a time interval of 4 to 10 days after the first appointment. In this appointment, the infrastructure material is rehearsed, and the color is determined.

- The third appointment is 4 to 7 days after the second. Color, form, size are rehearsed and patient approval is requested. After the patient's consent is obtained, the prosthesis is attached.

- The accepted international life of crowns and bridges is 7 years; This period can only change with personal care and regular physician control.

3- Porcelain inlays and onlays: These are porcelain fillings in tooth color and form, which are adhered to the inside or onto the tooth with tooth-colored adhesives.

4- Porcelain laminated veneers: Porcelain veneers are porcelain layers that are adhered with special tooth-colored adhesives and are generally limited to the anterior surface of the tooth. It is applied for aesthetic purposes. The substance is removed, provided that it is less than 0.5 mm from the anterior surface of the tooth and the enamel level is limited. After the rehearsal, the veneers prepared in the laboratory are adhered to the tooth with the consent of the patient.

CONSENT

I accept that crown and bridge prosthesis construction processes may bring some risks and failures. I have been informed in advance of the following risks. I have been informed about the risks that may occur below.

1. Cutting the teeth: To replace the decayed or broken tooth, the teeth must be reduced.

2. Sensitivity in the teeth: Often, the teeth may show sensitivity during the period from cutting the teeth to gluing the crown or bridge. This sensitivity may pass in a short time.

3. It may be necessary to apply root canal treatment to the tooth to be coated.

4. Fractures: Cracking and fractures may occur in crown or bridge prostheses. This can be caused by eating hard foods and chewing forces.

5. Discomfort and feeling that there is a foreign body in the mouth: This situation occurs when the natural teeth and artificial teeth are felt differently by the tongue.

6. Aesthetic appearance: Before the final bonding, the patient should confirm that the prosthesis is in acceptable appearance. However, the accepted prosthesis can be applied to the patient. This situation is recorded on the patient card.

7. The life of the prosthesis varies according to the person using it.

ORTODONTIC TREATMENTS PATIENT INFORMATION AND CONSENT FORM

INFORMATION

For a successful orthodontic treatment, the patient must have information about the treatment to be performed. For this reason, please read the information below, get information from your doctor about the issues you do not understand, fill in and sign the sections at the end. Thank you for your participation and your time.

Medical State:

As a result of the examination and X-ray examinations, it was determined that your orthodontic problem is .....................................

Suggested Treatment:

a) Non-extraction: The planned treatment to solve your orthodontic problem is briefly summarized below:

b) Extracted: There is not enough space in your jaws for your teeth to line up properly. Extractive orthodontic treatment is required to eliminate the problem of space tightness. Extraction orthodontic treatment is a treatment performed by the extraction of teeth that your physician deems medically appropriate. For this reason, it is planned to extract a total of one/two/three/four premolars/molars/lateral incisors from the right/left region of the lower/upper jaw. (Check the appropriate options.)

The cavities obtained by tooth extraction will be filled by replacing the teeth standing outside the tooth row.

General Information About Orthodontic Treatment:

Your orthodontic treatment consists of two periods, active and passive, and the duration of treatment may vary depending on the severity of the disease. Some problems that may be encountered during this period are listed below. In order to overcome these problems, it is important to follow the treatment rules, to make appointments regularly and to cooperate with your doctor.

For treatment purposes, retaining parts (brackets) will be attached to the teeth and wires will be passed through them. When necessary, supporting screws placed on the jawbone, screw devices that expand the jaw, metal springs, rubber chains can be used. Sometimes, it may be necessary to use extra-oral devices (neck collar, face mask, etc.) or in-/out-of-mouth rubber rings that need to be put on and taken off by the patient. During your treatment, your doctor may place some devices that he or she deems appropriate on your upper and/or lower jaw or outside the mouth. The instructions for their use must be followed exactly.

During orthodontic treatment, patients may experience some negativities. Metal and rubber devices in the teeth can temporarily cause difficulty in eating, speaking and swallowing. Wounds may occur on the lips, cheeks and tongue. Oral care can be difficult. Sometimes, undesirable situations such as bracket breakage and wire breakage may develop. In order to overcome these problems easily, the instructions of the physician must be followed.

During treatment, teeth that are not brushed adequately may cause decay, permanent white spots and inflammation of the gums. For this reason, teeth should be brushed regularly after main and snack meals until all food residues are removed.

CORONA VIRUS (COVID-19) CONSENT FORM

I/the patient's guardian, undersigned ............................................. .............................................,

I was informed about alternative treatments, their results and undesirable side effects, I understood. I accepted the treatment to be applied by Dr. ……………………….

Patient rights and responsibilities, doctor rights and obligations were explained in detail.

I have been informed about the COVID-19 pandemic in the world. My dentist told me and my companion that his treatment was an emergency intervention and what kind of side effects it had. He gave information about how the clinical environment we are in and the instruments used are disinfected. However, he explained that since a complete success in the fight against the COVID-19 virus has not been announced yet, there may be a risk of transmission of this virus to me during my environment and emergency treatment procedures.

I have understood and accepted all information regarding COVID-19 before and after my treatment.

After accepting the treatment, ……………….the use of radiographs, photographs, videos and other documents belonging to me / my guardian as anonymized data in studies for educational and / or scientific (Write “I allow” or “I do not allow” in your handwriting.)

………. my personal data to be shared with third parties and institutions, including public institutions and organizations. (Write "I allow or I don't allow" in your handwriting.)

………………………………….Please write “I read and understood all written above.

CLARIFICATION OF PERSONEL DATA AND CONSENT FORM

Dear,

In order to carry out the services that I will provide to you as Dr.............., we may need to learn your personal information and health data and record and store them within the limits required by the service to be provided.

Your health data, which we have to record in order to provide you with health services, is considered as special personal data by law. In this context, it is prohibited to process sensitive personal data without the explicit consent of the person concerned, which is included in the 2nd paragraph of Article 6 of the Law on the Protection of Personal Data No. 6698. Since personal health data can only be recorded with the explicit written consent of the person, except for the special conditions specified in the law, it is obligatory to obtain this consent from you.

CLARIFICATION

I. This consent is given by your personal data that you have given to us verbally, in writing, visually or electronically during our examination, via the internet and mobile applications or electronically, or obtained in our practice (assay result, prescription, camera recording, video, photograph, etc.) includes your personal data.

II. In this sense, your name, surname, identity number, (if you are not a Turkish citizen, your passport number or temporary TC identity number), place and date of birth, marital status, gender, in particular the personal health data required for the performance of the services we will provide to you and obtained for this purpose. Identity data such as your information and various identity documents, your contact data such as your address, telephone number, e-mail address, your financial data such as your bank account number, IBAN number, your medical history in your clinical file, information showing your disease history, your examination data, data regarding the transactions applied to you, Your health and sexual life data obtained during the execution of medical diagnosis, treatment and care services such as your prescription information, photos, all kinds of images, audio/camera recordings, laboratory and imaging results, test results, private health insurance Your data regarding the middle of the year, your Social Security Institution data, etc. is considered personal data.

III. Your personal data will be recorded only to the extent required by the health service to be provided to you within the framework of the Personal Data Protection Law No. 6698 and the relevant legislation, and will be stored in our system/archive 'not exceeding the time required to fulfill the purposes of recording'. In this context, your processed data will be protected as professional secret, confidentiality will be ensured and will not be shared by third parties/institutions/organizations.

IV. However, in cases where the confidentiality of personal medical records must be restricted for the protection of public health, such as the obligation to notify the competent authorities of infectious diseases regulated in Article 58 of the Public Health Law No. We strongly remind you that it may be necessary to notify the competent authorities in a way that may be shared with another doctor for the purpose of consultation (opinion exchange) regarding your health condition.

V. Requests from public institutions, judicial authorities and other official authorities for the transmission of your data to them, the purpose of the request, whether the requested data overlaps with the purpose to be achieved, whether it can be put forward in a concrete way, the only way to achieve the stated purpose is the necessity of transmitting your data without anonymization. will be evaluated in terms of whether data transmission is necessary in a democratic society, and data transmission requests that do not meet all of these elements will not be fulfilled.

VI. Regarding your data recorded by us, in accordance with the Convention on the Protection of Individuals against Automatic Processing of Personal Data (Council of Europe Convention No. 108), Article 8 of the European Convention on Human Rights, Article 20 of the Constitution, Law No. 6698 on the Protection of Personal Data:

• To learn whether your personal data is processed and the scope of your processed data,

• If your personal data has been processed, obtaining information about it, accessing these data and taking samples from them,

• To learn the purpose of processing your personal data and whether they are used in accordance with its purpose, whether it is transferred to a third person or institution in the country or abroad, to request that the changes in your personal data be notified to the persons or institutions with whom the data is shared,

• Requesting correction of your personal data in case of incomplete or incorrect processing,(The information that it can be done by applying in writing to our open-addressed practice or in person is provided.)

• You have the right to request that some of your data be hidden, deleted or destroyed.

DECLARATION OF CONSENT

I have read and understood the Clarification of Personal Data and Consent Form prepared by the doctors of Kucukyali Dental Clinic. I AGREE WITH MY EXPRESS CONSENT that I have been informed about the legal reasons, my rights for the protection of my personal data, the mandatory conditions in which my data can be transferred, data security and my application rights, all my personal data, including my health data, within the framework of the above principles to be recorded, stored, shared in the mandatory cases listed, In addition, my Doctor from Kucukyali Dental Clinic and other employees can send me via the mobile devices via the internet or by mail to my address, etc. \*According to the Patient Rights Regulation; 1 copy of the form will be given to you via SMS or other digital ways. If the form is not given to you, please notify the person receiving the consent.