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INFORM CONSENT ON ORAL AND DENTAL HEALTH SERVICES FOR MEDICAL TOURISM PATIENT

Dear Patient, Dear Guardian :

You were examined by our dentist at Kirklareli Oral and Dental Health Center. According to the examination result, the treatment and the procedure that will be applied to you/your accompanying person has been determined. This form describes the treatment and the procedure which will be applied to you. It is your natural right to be informed about the treatments and the procedures to be performed. It is up to you to decide what to do after learning the benefits and risks of the treatments and procedures. The purpose of these explanations, to improve your/your guardian oral and dental health with your participation in the treatment process by giving information. Please specify your current health / disease status below before treatment and procedure which will be applied to you.

Heart Disease Diabetes Drug Allergy Liver Disease
 Blood Pressure Blood Disease Chemotherapy/radiot herapy Hepatitis
 Epilepsy Kidney Disease Lung Disease HIV (AIDS)
 Pregnancy Status Child Breastfeeding Blood Thinner Drug Use Other

2) TOOTH EXTRACTION

It is done by dentist under anesthesia. Possible complications: Fracturing teeth and bones during tooth extraction or surgical intervention, damage of anatomical structure, infection, limitation of mouth openness, damage in neighboring teeth, temporary or permanent loss of sensation, not removal of retained root fragments, injury of jaw joint, prolonged bleeding and pain after procedure. Its benefit is relieving pain. If not applied, widespread infection, loss of function and halitosis is occur. There is not alternative of the procedure. Extraction time varies according to the circumstances.

3) TOOTH TREATMENT

It is implemented by dentist. Amalgam or composite filling will be made on your rotten teeth in your mouth. If this treatment is not done, your tooth decay will increase and could cause tooth break, toothache, tooth infection. This treatment is realized on average 10-20 minute. After treatment, the tooth filling could be dropped or broken. If the tooth decay gets larger, root canal treatment could be done. Canal treatment lasts from 1 to 4 sessions depends on the pathology of the dental structure, nerves and surrounding tissues, patient general health condition and patient's care for appointments and suggestions. Each session is at least 20 minutes. Root canal perforations could occur during root canal treatment. Sometimes penetrating to some canals could not be possible because of excessive narrowness. and this situation could cause unfilled or deficient filled canals. As a result of excessive curvatures in the root canals, it may occur that the instrument could be broken during canal formation. Tooth extraction could be alternative treatment option.

Filling materials, sealers and irrigation solutions can penetrate to surrounding tissues and cause pain during treatment as a result of the root canal perforation. An allergic reaction may occur in an individual against an anesthetic agent or root canal wash solutions. Pains can occur again during or after root canal treatment in the form of acute exacerbation. If there is infection and excessive material loss, teeth should be extracted. No warranty, guarantee or promise is given that treatment will be successful or satisfactory results will be obtained. Tooth extraction could be alternative treatment option.

4) PLAQUE AND TARTAR REMOVING

Plaque and tartar removing is a cleaning procedure with special instruments held by dentist. Cold-hot sensation in the teeth, a sense of gap between the teeth may develop after the treatment. Intensive tooth plaque and tartar can hide tooth movement, movement can be felt more clearly after treatment. Possible complications: If oral care is insufficient after treatment, gum infection and tooth loss can happen. It is expected that gingival bleeding, halitosis (mouth odor) and sensitivities to heal with treatment. If not treated, tooth loss can happen because of infection and bone destruction. There is not alternative procedure. Procedure's average time is 20 minutes and 1-3 session.

5) FIXED PROSTHESES

It is done by dentist. The measure will be taken after cutting the teeth on both sides of the gap with the aim of replacement of missing teeth. If missing teeth are not completed, it can cause teeth slide in jaw and deterioration chewing structure. You have to come to rehearse at least twice after taking the measurement. You will have sensitivity in hot-cold until your prosthesis is inserted since your teeth are cut. Such complaints will gradually decrease after inserting prostheses. No warranty, guarantee or promise is given that treatment will be successful or satisfactory results will be obtained. Prostheses will be delivered within 15-30 days. Alternative treatment is an implant procedure.

6) MOVEABLE PROSTHESES

It is done by dentist. It is done to relieve someone's function, speech and aesthetic problems in case of partial or complete teeth loss. If the prostheses is not performed; joint problems, stomach problems due to chewing loss, sliding and extension towards cavity can be observed in the existing teeth. When I have moveable prostheses, prostheses can move in my mouth, deteriorate my speech, leave bad smell and taste in my mouth, accumulate food under the prostheses, disturb my tongue, damage the teeth with hook, not to bite and take apart very effectively, your aesthetic is a relative concept, prostheses can cause pain in the oral tissues, prostheses can be broken, any repair process may not be as original, total / partial prosthesis may cause stinging in the soft tissues in the mouth when used for the first time.

Allergies may be developed in allergic people due to prosthesis. The teeth on the prostheses may fall. Alternative procedure is an implant in appropriate people. Average time of the procedure is 15 workdays after mouth preparation.

PATIENT'S STATEMENT

I read this form. The treatments and the procedures to be applied to me by my dentist were explained. I was allowed to ask questions about the procedure and my questions were answered. I declare that I give the requested information completely and accurately before the treatment. I accept the procedure and I understand the risks of the treatment, possible complications and side effects, and that the treatment is necessary and useful. (Write the dotted line below with your handwritten letters READ, UNDERSTOOD AND ACCEPTED)

TREATMENT IS TO BE DONE

.....

I RECEIVED A COPY OF IT AT HAND.

PATIENT'S NAME AND SURNAME SIGNATURE	GUARDIAN'S NAME AND SURNAME	DENTIST NAME AND SURNAME - SIGNATURE - STAMP
Date :/...../20..... Hour :/.....	Date :/...../20..... Hour:/.....	Date :/...../20..... Hour :/.....