**PATIENT INFORMATION AND CONSENT FORM FOR ORAL, DENTAL AND MAXILLOFACIAL SURGERY PROCEDURES**

**What you need to know**

Since there is a difference between individuals in terms of their healing potential, the healing potential of a person cannot be predicted before the procedure. Since the treatment to be applied to you may fail in some cases, it may need to be repeated and the result of the treatment cannot be guaranteed. You should give your physician detailed information about your physical and mental health to the best of your knowledge. You should also inform your physician about any previous allergic reactions to medication, food, anaesthetic substances, pollen or dust; systemic diseases; skin and gum reactions; tendency to abnormal bleeding and other conditions related to your general health.

Action to be performed: ……………………………………………………………………………………………………………………………………………………………………….

**Interventional Risks, Recommendations and Complications**

- Temporary swelling, redness, bruising and numbness of the cheek may rarely be observed due to anaesthesia.

- Swelling and/or redness in the surgical area, discomfort in the surgical area may occur

- Redness and cracking may occur in the corners of the mouth due to stretching.

- Infection and delayed healing of the wound may occur.

- Discomfort, pain or swelling that may require home rest may occur.

- After the operation, bruising and temporary colour changes may occur on the facial parts close to the operation area.

- Mild/moderate/severe bleeding may occur after the operation, which may last longer.

- Depending on the damage that may occur in anatomical structures such as sinuses, nerves and vessels in the operated area, various complications such as opening of the sinus into the oral environment, prolonged bleeding, temporary-though rarely permanent numbness, temporary facial paralysis, loss of taste sensation may occur.

- Temporary restriction of mouth opening and closing movements may occur after the operation.

- Removal of very large cysts and tumours, extraction of poorly positioned impacted teeth may rarely cause fractures and cracks in the jaw bones.

- The restorations (fillings, veneers) in the teeth adjacent to the operation area may break, dislodge or dislocate, shake or damage to the adjacent tooth may occur.

- Temporary or permanent disorders may develop in the jaw joint.

- Irregularities in the jaw bones may occur after surgery (can be corrected with a separate surgical treatment).

- Before or after the procedure, side effects may occur due to the use of antibiotics, painkillers and other drugs, as specified in the drug package insert.

I am. .............................................................. , I accept the treatment to be applied by the physicians of Clinic Nişantaşı Oral and Dental Health Polyclinic as I am of sound mind. The treatment options that can be applied for the treatment of my discomfort have been presented to me. I consent to the administration of all necessary medications and interventions during the fulfilment of the treatment option I have chosen for the treatment of my condition. I have given all information about my general health condition and I have been informed about the problems that may arise due to this condition. I agree to fully comply with the recommendations of the doctors and I know that otherwise my treatment may result in failure. I consent to the use of the information to be obtained during my examination and treatment with other scientific institutions or for education (provided that it complies with patient rights and ethical principles) for research for the development of science..

**I HAVE READ THIS FORM AND UNDERSTAND ALL THE TERMS AND WORDS IN IT.**

Date:

(Please write in handwriting: I have read, I understand, I accept)

………………………………………………………………………………………………………………………………………………………………………………………………..

**Signature:**

**Signature:**

**Signature:**

**Patient's Name-Surname:**

**Patient's Parent/Guardian Name-Surname:**

**Physician Name-Surname:**