**DENTAL IMPLANT TREATMENT PATIENT INFORMATION AND CONSENT FORM**

**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.

"Implants" are metal screws that are placed in the jawbone under local anaesthesia under sterile conditions and imitate tooth roots, are produced from "pure titanium" and their surface properties are improved (by methods such as acid roughening - sandblasting). The implants are placed in one or two stages and 3 months after placement in the bone, new bone tissue forms around it and fuses with the jaw bone. In some cases, this period can be extended up to 6-9 months.

Dental filling is the process of cleaning the decayed tooth tissues, filling the place with artificial materials and ensuring tooth integrity.

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.

- Pain and swelling that may require home rest for a few days after surgery may develop.

- Short and long term bleeding may develop which may require additional treatment.

- Damage to neighbouring teeth and/or tooth roots may occur.

- Postoperative infection may occur which may require additional treatment.

- Small cracks and bruises may occur as a result of pulling the edge of the mouth during surgery.

- There may be restriction in opening the mouth for a few days after surgery.

- There may be numbness, pain or tingling sensation in the operated area (jaw tip, lips, cheek, gum, tongue or teeth) due to damage to the nerve branches that provide sensitivity to the jawbone and soft tissue. These symptoms may go away within days, or they may last longer or be permanent.

- Sinus opening requiring additional treatment (the sinus cavity surrounding the roots of the teeth in the posterior region of the upper jaw becomes open to the oral environment) In case of sinus opening, symptoms of sinusitis may develop and may require additional treatment. Therefore, the healing process may be prolonged.

-In cases where the bone in which the implant is placed during surgery is insufficient, fine cracks or fractures may occur in the bone.

-Bone loss may occur around the implant over time.

In cases where post-implant hygiene recommendations are not followed, smoking and alcohol consumption in large numbers and quantities, the implant procedure may result in failure.

-Rarely, dental implants, the parts holding the prosthesis or the prosthesis itself can be lost due to chewing stress.

-The implant may be rejected due to any problem in the biological compatibility of the implant with the jaw bone. When the implant is lost, another implant can be placed in the same area by following the bone healing in the relevant area.

-A certain period of time cannot be guaranteed for the life of dental implants. It is not possible to predict the exact success rate. It should not be forgotten that failure, reversal, re-treatment may be possible despite the most appropriate treatment effort.

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:**