GENERAL FORM OF CONSENT

NOTIFICATION TO THE DENTIST

My Dear Colleague

It is obligatory to obtain the informed consent of the patient for all kinds of interventions to the patient.

This consent occurs in the form of an explanation of the patient's decision after giving clear information that the patient can understand and evaluate regarding the medical procedures that can be done for oral and dental health and their expected effects.

Written informed consent to be obtained from the patient regarding major surgical procedures is essential. In other procedures, although it is not necessary for the informed consent to be in writing, it is beneficial in terms of being able to be proved when necessary.

Informed consent sample provided in the appendix has been prepared as a complete example. After the necessary information is given to the patient by you, an informed consent document can be prepared using this example. In case there are additional risks due to the specificity of the medical treatment and/or the patient's personal condition, this situation should be shared with the patient and specified in the consent form separately.

Finally, it should be emphasized that obtaining the patient's signature without clarification may not be considered a genuine consent. Consent is valid if scientific information is explained clearly enough for the patient to understand about treatment options, work to be done and possible risks, and consent is given thereupon.

Best regards.

GENERAL INFORMATION

Dear

The medical procedure recommended to you in order to solve your oral and dental health problem and some of the issues that are explained orally about this procedure and that you have read by reading in the Adult Patient Information Brochure/Child Patient Information Brochure are presented in writing below.

Please read the information provided to you. Thus, you will have information about the treatments that will be applied to you or your guardian. The purpose of these explanations is to inform you and to ensure your participation in the treatment process in order to improve and protect your oral and dental health.

You should inform your doctor about your current systemic diseases, the drugs you use and your general health condition. Whether you withhold or declare any matter
Responsibility arising from it is yours.

During your application to our clinic, it is your most natural right to be informed about the examination and evaluation, examinations, procedures and costs to be performed before the dental treatment.

It is up to you to approve the procedure after learning the benefits, possible risks and costs of treatment and procedures.

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 it is not possible to come, cancel your appointment 24 hours in advance.

We wish you a healthy and happy life.

GENERAL FORM OF CONSENT

I am the undersigned /patient's guardian,

Regarding the diagnosis and treatment made by the Dentist.....
I was informed about planning, alternative treatments, results, undesirable side effects, I understood. I accepted the treatment to be applied.

I was told, understood and accepted that the planning could change with new situations that may arise during/during the treatment.

I was informed, understood and accepted that the possible risks that may arise if the treatment is not applied, the cost calculations according to the alternative applications of my treatment, and the consultation of other physicians may be requested if deemed necessary.

All my questions about my treatment/treatment of the person I am the guardian of were answered. It was explained, understood and accepted that the success of the treatments also depended on me, that I had to follow the oral hygiene and recommendations at home, that I should follow the recommendations regarding harmful habits that should be abandoned, and that the drugs in the prescriptions to be written should be used at doses and times in accordance with the recipe.

I was told, understood and accepted that the treatments to be applied aim to protect the oral and dental health, that the medical services will be carried out diligently, but the result cannot be guaranteed in the medical procedures.

As stated above, I consented and accepted the dental treatments that were explained to me / to my guardian during treatment planning and accepted by me.

I was informed in detail about patient rights and responsibilities, physician rights and responsibilities.

After accepting the treatment, I allow radiographs, photos, videos and other documents belonging to me/the person I am a guardian to be used as anonymized data in educational and/or scientific studies

I allow ..... my personal data to be shared with third parties and institutions, including public institutions and organizations (Write "I give" or "I do not give" in your handwriting.)

. ……Please write “I understand what I have read, I accept” in your handwriting.

Date:.....

Patient’s Name-Surname:……

Legal Representative of the Patient (* - Degree of Relation) Name-Surname:……

T.R. ID Number : ……

Address: ……

Telephone: ……

Signature:

Physician's Name-Surname : ……

Date: ……

Signature:

* Legal Representative: Guardian for those under guardianship, parents for minors, in cases of their absence, 1. the degree is the legal heirs.(Next to the name of the patient's relative, indicate the degree of closeness.)

CHANGES IN THE TREATMENT PLAN

The following changes were made in the treatment plan made on.....

DENTAL	DIAGNOSIS	TREATMENT THAT PLANNED

My dentist explained why treatment change is needed, the risks involved, the problems that may occur, alternative methods, the changes that may occur after the treatment, the probability of success and the events that may occur during the healing process.

Accept the change in the treatment plan mentioned above .....(Write “I agree” or “I do not” in your handwriting.)

	Name-Surname	Signature	Date/Time
Patient / Legal Representative of the Patient (*) -proximity degree			
Physician making the information			
Translator (if used)			

*Legal Representative: The guardian for the wills, the parents for the minors, the 1st degree legal heirs in the absence of them. (Please indicate the degree of closeness next to the name of the patient's relative)

Click here for Adult Patient Information Brochure...

Click here for the Pediatric Patient Information Brochure...