	QUALITY MANAGEMENT DOCUMENTS	Document No: HD-FR-432 Release Date:18.02.2022
	INFORMED CONSENT FORM FOR DENTAL IMPLANT SURGERY	Revision No :00 Revision Date: Page No :1/5

Patient Name-Surname:

Date :

Protocol No :

GENERAL INFORMATION


You have the most natural right to be informed about your medical condition and all procedures for diagnosis and medical / surgical treatment recommended to you for the treatment of your disease. After learning the benefits and possible risks of medical treatment and surgical interventions, it is still up to you to consent to the procedure or not. The purpose of this statement is not to frighten or worry you, but to make you more aware of the decisions to be made on your health. If you wish, all information and documents about your health can be given to you or a relative you deem appropriate. This form has been prepared by helping the physician following you to inform you about the risks of the treatment / intervention planned to be applied to you and alternative treatment methods. Please read this form completely and carefully and sign this consent form after reading the form and all your doubts about the relevant procedure have been resolved by the physician.

WHAT YOU NEED TO KNOW ABOUT YOUR DISEASE

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 complete the location of the lost teeth. The success of implant treatment has been demonstrated by long-term follow-up scientific studies. Accordingly, implants with sufficient number, diameter and height placed by atraumatic surgical procedure carry a prosthesis designed according to appropriate conditions after an adequate recovery period with a high success rate of 99% over a 10-year period. This rate is quite high and reassuring compared to other treatments of dentistry. However, this success occurs if the qualification criteria mentioned above are met.

HOW TO APPLY A TREATMENT/INTERVENTION (MUST CONTAIN INFORMATION ON ALTERNATIVE TREATMENTS):

The implants are surgically placed into the jawbone. First, an incision is made on the soft tissue in the area where the implant will be placed. The bone is exposed and the implant nest is prepared with special tips. Then, the implant nail is placed in this slot opened in the jawbone, and the gum is closed with sutures. It is usually left to heal for 2-4 months or longer, if necessary. After the healing period, the implant is opened with a second surgical procedure and the parts to support the prosthesis are attached. The next stage is prosthesis construction. Although many detailed examinations have been made to determine the height, width, and suitability of the bone before surgery, insufficient or irregular bone shape may be encountered during implant placement. In such cases, bone grafting and some additional surgical procedures may be required. The estimated duration of treatment may be extended if bone grafting or additional surgical procedures are performed. The success of implant treatment depends on many factors. Before implant surgery, all periodontal treatments of the patient should be completed and the patient should have a good oral care. In addition, there are some factors belonging to the patient that reduce the success of implant

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treatment. Examples include diabetes, excessive alcohol consumption, smoking, some mental disorders, blood disorders, immune system disorders, cortisone use, and radiation therapy. Careful and appropriate care to be applied to that area after the operation, brushing the tooth areas in the mouth, gargling, and following all hygiene rules recommended by your physician are very important for the success of the treatment.

POSSIBLE COMPLICATIONS OF THE PROCEDURE

During or after the surgical procedure; infection, bleeding, swelling, pain, discoloration (bruising) in the surgical site or on your face, damage or spasm of the jaw joint, slow healing, usually temporary but very rarely permanent lip, jaw tip and tongue numbness, opening of the sinus or nasal cavity during the surgical procedure, bone fractures.

During the prosthesis stage; the implant does not merge with the jawbone as desired and/or the metal parts of the implant are broken. If implant healing does not occur as desired or a fracture occurs or prostheses need to be replaced, the implants need to be removed and the same surgical procedure is performed.

In addition, risks such as damage to the adjacent tooth, sinus and nasal floor injury in the upper jaw may be seen. Again, due to the rare complications, the implant may not be able to combine with the bone, so it may have to be removed.

ALTERNATIVE TREATMENTS

Alternative treatment options can be found for implant-supported prostheses. However, as there are variable factors such as the number of teeth lost, the type, placement and health of the remaining teeth, the appropriate prosthesis options to be recommended to each person will be different. With conventional methods, your missing teeth can be compensated for. Your physician will explain the options, advantages and disadvantages that are suitable for you.


CARE AND FOLLOW-UP IN IMPLANT USE

The long-term success of implant treatment depends on great care for oral hygiene and compliance with the personalized care program prepared by your physician. You should always make sure that your motivation is at the highest level during and after the entire treatment period. You should not neglect these routine visits for the control of your patient care program at certain times planned by your physician. Between these periods, you are responsible for plaque control and oral hygiene. Take care to cooperate with your physician.

PERSONAL INFORMATION

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Patient Name / Surname:..... Signature:.....
Date:.....

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Name and Surname of the Physician:..... Signature:.....
Date:.....

I consent that clinical information of my medical records can be reviewed to advance medical study, medical research, and physician's education, provided that it is adhered to the rules for patient privacy in the ; Patients' Rights Regulations. I consent that the results of the research can be published in the medical literature as long as the patient's identity is retained. I am aware of the fact that I have the right to refuse the participation in such a study and this refusal will not negatively affect my treatment in any way.

Photograph/ Audience: I certify that the surgery to be performed can be photographed or videotaped, including the appropriate parts of my body, for scientific, medical, or educational purposes, provided that the images do not reveal my identity. At the same time, I acknowledge that the qualified observers can get in the operating room during the surgery for developing medical education. I have read and understood the content of the clarified consent form. All the gaps in this form were filled out before I signed it and I received a copy of it.

Patient's Consent:

I understand that medical practices are not an exact science and that no guarantees can be made about the outcome or treatment. In the approval document and my interview with physicians, I was given detailed information about my condition, the procedure to be performed and its risks, and treatment options. We are aware that we take the responsibilities in this regard and declare that we accept and approve the surgery without any violence, suggestion, material, or moral pressure.

I know that medical devices such as X-ray, scopy, ultrasonography, scintigraphy, computerized tomography, magnetic resonance etc. may need to be used during interventions, that I may be exposed to radiation that may have negative effects on my health in some of these devices / applications and I approve the use of these medical devices if deemed necessary.

I know that a different condition that has not been experienced before may develop very rarely during the Operation and in this case, I also allow and approve the interventions that the perform the procedure team deems appropriate.

I sign this form without the need for additional explanation, under no pressure and consciously.

Patient Name / Surname:

Date/Time:

Signature :

or

Patient Guardian/Relative


Date/Time:

Name - Surname:

Signature:

(Degree of relationship)

Translator Name - Surname:

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Signature:

Adequate and satisfactory explanations have been made by me to the patient/patient relative whose name is written above about the disease, the intervention to be performed, the reasons and benefits of this intervention, the care required after the intervention, the expected risks, the type of anesthesia to be applied if necessary for the intervention and the risks and complications of anesthesia. The patient/patient's relative has read and signed this form related to the admission with his/her own consent by accepting that he/she has been illuminated.

Name and Surname of the Physician:

Date/Time:

Signature :