

ERCIYES UNIVERSITY FACULTY OF DENTISTRY
DEPARTMENT OF ORAL MAXILLOFACIAL RADIOLOGY
CONE BEAM COMPUTED TOMOGRAPHY (DENTAL TOMOGRAPHY)
PATIENT INFORMATION FORM

POSSIBLE BENEFITS AND RISKS THAT MAY APPLY IN CASE OF REJECTION:

If tomography is not performed, diagnosis may not be made or disruptions may occur in the treatment process.

IMPORTANT FEATURES OF MEDICATIONS: No medication is used during the procedure.

CRITICAL RECOMMENDATIONS FOR HEALTH: Individuals with conditions as pregnancy, thyroid cancer, etc. should definitely report to the x-ray technician.

HOW TO GET MEDICAL HELP IF NECESSARY: When an undesirable situation occurs, emergency interventions will be carried out. If you encounter any complications after leaving our institution, you can consult your own physician or a healthcare institution.

**CONSENT STATEMENT OF THE PATIENT, PARENT OR LEGAL
REPRESENTATIVE**

What the planned procedure is, its necessity, other procedure options, their risks, the consequences that may occur if I do not accept the procedure, and the side effects of the procedure were EXPLAINED VERBALLY BY MY PHYSICIAN. I also obtained detailed information by READING THIS CONSENT FORM. I am of sound mind and consider myself capable of making decisions. I understand that I do not have to consent to the transaction if I do not wish to do so.

**I KNOW THAT I HAVE THE RIGHT TO REJECT AND TERMINATE THE
TRANSACTION.** (If you refuse the procedure, write and sign in your own handwriting in the dotted area below: I REFUSE TO TAKE A DENTAL TOMOGRAPHY).

- I have read and/or been told and understood everything written in this consent form. I was allowed to ask questions about the procedures to be performed and my questions were answered. I agree to have the Dental Tomography procedure performed on me.

Sign this 2-page consent by writing 'I READ, UNDERSTAND, I AGREE ' in your own handwriting on the dotted space below.

.....

Signature

I explained the dental tomography procedure to the Patient/Parent/Legal Representative about the patient's condition, the necessity of dental tomography, the benefits expected from the procedure, the problems the patient may encounter if the procedure is not performed, the alternatives of the procedures, the possible side effects and risks of the procedures, and the estimated duration of the procedure. I answered all the questions of the Patient/Parent/Legal Representative. The Patient/Parent/Legal Representative stated that he understood my explanations.

Name and Surname/ Signature:

Name and Surname Signature of the Legal Representative:

Date:/20....

Time:.....

DEAR PATIENT/ PATIENT'S PARENT/ LEGAL REPRESENTATIVE:

The purpose of this form is to inform you about the radiological procedures to be performed and to obtain your consent. Please read each item carefully. This information form provides information about the Cone Beam Computed Tomography (Dental Tomography) procedure, possible risks that may arise due to the procedure, expected benefits from the procedure, situations that may arise if the procedures are not performed, and the patient's responsibilities. After reading this form, you can ask your doctor any other questions you may have about the procedure. In order for the procedure to be performed, this form must be signed by the patient himself. If the patient cannot give consent due to age or medical reasons, it must be read, filled out and signed by his/her Representative/Legal Representative.

Patient/Parent or Legal Representative, please mark the current diseases of the patient/patient in the list below:

| | |
|--|--------------------|
| Pregnancy: | Hormonal Diseases: |
| Infectious Diseases (Hepatitis B-C, HIV): | Diabetes: |
| Blood and Bleeding Problem: | Hypertension: |
| Respiratory System Diseases (COPD, Asthma etc.): | Heart Disease: |
| Digestive System Diseases: | Liver Disease: |
| Skeletal-Muscular System Diseases: | Kidney Disease: |
| Neurological-Psychiatric Diseases: | Thyroid Diseases: |
| Allergic Diseases: | Other Diseases: |
| Regular Medicines: | |

RADIOLOGY PROCEDURES: X-ray is one of the most basic diagnostic methods and is performed using X-rays.

CONE BEAM COMPUTED TOMOGRAPHY (DENTAL TOMOGRAPHY): Imaging is performed with up to 90% less radiation compared to tomography devices used in medicine.

EXPECTED BENEFITS OF THE PROCEDURE: Since it provides a three-dimensional image, it provides details that are overlooked with other imaging techniques. It creates much more detailed images than other techniques.

WHERE THE PROCEDURE WILL BE DONE AND ITS ESTIMATED DURATION:

It will be performed in the Department of Radiology and the estimated duration of the procedure is between 3 and 5 minutes.

OTHER DIAGNOSTIC OPTIONS (ALTERNATIVES TO THE PROCEDURE): The alternative to the current procedure is 2D films. However, it does not provide detailed information like tomography.

POSSIBLE RISKS and COMPLICATIONS: The radiation dose the patient will receive due to dental tomography is low. Therefore, no serious side effects are expected in healthy individuals. However, there is a risk that it may harm the baby's development. Additionally, caution should be exercised in patients with thyroid cancer.