

ERCIYES UNIVERSITY FACULTY OF DENTISTRY
DEPARTMENT OF ORAL MAXILLOFACIAL RADIOLOGY
INFORMED CONSENT FORM

This form has been prepared to provide you with information about the examinations, imaging, and clinical tests performed during your application. It is up to your decision to approve the interventions based on the information obtained from this form. These interventions include intraoral and extraoral examinations, radiological imaging, photography, and other necessary medical tests.

In your application, you accept that examination, x-ray and/or treatment can be performed by intern students at any stage of your treatment under the supervision of research assistants and faculty members.

If you have any systemic, infectious disease or pregnancy, you are obliged to inform your physician and the x-ray technician about your condition.

CLINICAL EXAMINATION: Although the examination to be performed for your complaint is mainly performed intraorally, it may also include the head and neck area if the dentist responsible for you deems it necessary. For this reason, your examination may take a long time. The information obtained at each stage will be shared with you and you will be informed about the necessary precautions. If your dentist deems it necessary, he may request a written or verbal consultation from a medical doctor. You will be directed to the relevant departments for the necessary treatments according to the diagnosis.

RADIOGRAPHY (X-RAY): Radiographs can be taken at the beginning of treatment, during the treatment process, at the end of treatment and for control purposes. In this reason, intraoral and extraoral radiographs may be necessary. In this reason, intraoral and extraoral radiographs may be necessary. Advanced imaging techniques may be used when necessary circumstances. If necessary, in case of pregnancy, an x-ray can be taken by wearing a lead apron.

TESTS: Thermal tests, electric pulp test and various function tests can be performed on teeth and other tissues for diagnostic purposes. Electric pulp testing applied to teeth has no harmful effects, except for cardiac pacemakers.

PHOTOGRAPHY: In order to improve dental education and keep medical records, it may be necessary to take clinical photographs of the patient and use these photographs for diagnostic, scientific, educational or research purposes. During this process, which can only be taken with your full consent, utmost care will be taken not to reveal your identity, and these photographs will never be used for purposes other than scientific purposes.

You can get the detailed information for the treatment procedures from the relevant departments. After initiation of the therapy, if the doctor deems it necessary, the initial treatment plan may be changed or a more advanced procedure may be required. In this case, no application can be started without informing the patient. Treatment expenses that not included health insurance or private interventions are paid by the patient himself. You must make an appointment at the relevant clinics for your treatments. Appointment dates are determined by the each department.

APPROVAL

I hereby declare that I have read this form, understand what is written, and that I, of my own free will, consent to the procedures to be applied to me in the light of this information.

Patient's Name-Surname:

Dentist's Name-Surname:

Signature:

Signature:

Date:

Date: