

	<p align="center">DEPARTMENT OF PEDIATRIC DENTISTRY</p> <p align="center">CONSENT FORM</p>	Document Number	SHB.FR.
		Release Date	16.04.2024
		Revision Number	00
		Revision Date	-
		Page Number	3/3

Patient's Name:

Examination

Tooth number to be applied	Treatment	Purpose of the treatment	Risks of the treatment
	Taking radiography	Radiography is essential for diagnosing dental caries, monitoring growth, and identifying developmental or pathological conditions	radiation-induced cell damage
	Vitality tests	Vitality tests assess the vascular supply of a tooth	temporary pain in the tooth

Therapy

Tooth number to be applied	Treatment	Purpose of the treatment	Risks of the treatment
	Cavity filling	Getting a filling is a standard dental procedure that will restore your child's tooth and prevent further tooth decay. Dental filling can often be carries out using injections to numb the mouth.	Tooth pain, sensitivity Tooth abscess Fallen filling Bleeding gingiva Soft tissue cuts

	Dental Pulp Therapy	<p>For deep caries the health status of pulp tissue determines which form of pulp therapy is indicated. Vital pulp therapies for primary teeth with normal pulp or reversible pulpitis include protective liner, indirect pulp treatment, direct pulp cap, pulpotomy and root canal treatment.</p> <p>Local anesthetic to numb the area around the tooth is required.</p>	<p>Tooth pain, sensitivity</p> <p>Tooth abscess</p> <p>Fallen filling</p> <p>Bleeding gingiva</p> <p>Soft tissue cuts</p> <p>Tooth perforation</p> <p>Tooth fracture</p> <p>Discoloration</p> <p>When the infectious process cannot be arrested by the treatment methods or excessive pathological root resorption exists, extraction should be considered.</p>
	Dental trauma	Dental trauma is physical injury to the teeth, gums, the alveolar bone (the bone that holds the tooth sockets), or the soft tissue of the mouth, including the lips and tongue.	<p>Discoloration</p> <p>loss of vitality</p> <p>inflammatory root resorption</p> <p>unfavourable tooth position</p> <p>defects in hard and soft tissues complicating aesthetic management</p>
	Tooth extraction	A very common reason involves a tooth that is too badly damaged, from trauma or decay, to be repaired. Other reasons include: A crowded mouth. Sometimes dentists pull teeth to prepare the mouth for orthodontia. Local anesthetic to numb the area around the tooth is required.	<p>Pain</p> <p>Bleeding</p> <p>Bruising</p> <p>Swelling</p> <p>Infection</p> <p>Damage to Adjacent Teeth</p> <p>Inferior Dental Nerve Injury</p>
	Tooth space maintainers	Dental space maintainers (or spacers) are devices used for kids who have lost some primary teeth but their permanent teeth have a while before they will grow in. They hold space for the appropriate adult teeth to grow in. They also prevent the	<p>Incompatible space maintainers can lead to caries</p> <p>increased plaque accumulation</p> <p>demineralized areas</p>

		remaining adjacent primary teeth from moving into the open space.	periodontal problems difficulty of cleaning the teeth
	Local anesthesia	Your dentist might need to apply dental local anesthesia to numb an area of your mouth while performing certain procedures. We do this by injecting medicine – known as a local anesthetic – into your inner cheek or gum.	Pain on injection Needle fracture Prolongation of anesthesia and various sensory disorders Lack of effect Trismus Infection Hematoma
	Fissure sealant	Fissure sealants are made of tooth filling material that sometimes contains fluoride. They can look white or clear. Applying a fissure sealant is quick and painless.	irritation of the soft tissues in the mouth falling sealant

APPROVAL

A detailed clinical examination of my child's entire mouth was performed by the dentist. The dentist explained what my child's oral and dental diseases are, why treatment is needed, possible risks of treatment, problems that may occur, probabilities of success and events that may occur during the healing process. My questions were answered.

I have read this consent form and have been informed about the treatment options and their risks. I hereby give permission for all treatments to be performed on the patient for whom I am the legal representative, at Erciyes University Faculty of Dentistry, pediatric dentistry.

Patient's Name

Signature of Patient's legal representative

Witness

Date and Time

Date and Time