



SMYRNA DENT

ORAL AND DENTAL HEALTH IMAGING (RADIOGRAPH) INFORMED CONSENT FORM FOR

The objective of this form is to enable your participation into the decision making process about your healthcare by informing you.

This form has been designed in order to meet the needs of many patients under most conditions, nevertheless, it should not be considered as a document containing the risk of the entire applicable treatment. Based upon your individual healthcare, your physician may provide you with different or additional information.

After acquiring the advantages and possible risks of diagnosis, medical treatment and surgical interventions, it is up to your decision whether or not to accept these procedures. You are entitled to refuse to be informed except for the legal and medical necessities or withdraw your consent at any time.

Procedure

The dental radiograph is obtaining the image of the teeth and the invisible parts of the bone in which they are located with x-rays. It is a helpful diagnostic method used by the dentist to detect the current condition of the teeth or jaws, to remove possible suspicions, to facilitate diagnosis, to follow the results of the treatment, to plan preventive treatments, and other necessary conditions.

There are mainly two types of teeth x-rays which are from inside of the mouth and outside of the mouth. On x-rays taken out of the mouth, digital photography is performed without using film. In x-rays taken through the mouth, the film is inserted into the mouth. In general, a number of teeth and surrounding tissues can be imaged with films placed in the mouth (periapical film), while wider areas including jaw bones with films taken from outside the mouth (panoramic, cephalometric film, tomography) are observed.

Direct digital X-ray instruments are used in the process. Direct digital films are a new imaging technique that uses sensors that are sensitive to x-ray instead of traditional films, and can be transferred and viewed on personal computers spontaneously. So images can be stored or printed. With this technique, the amount of radiation is reduced by 80%.

What You Need to Know Before the Process

The imaging devices used emit very low-radiation. In the light of scientific data, the radiation risk is negligible in dental imagings performed in children within its indication.

X-rays taken in dentistry should be avoided in pregnancies even though the radiation is at a very low level. In case there is not an emergency, this procedure should be postponed after delivery. Between 8 and 15 weeks of pregnancy, the radiation sources should be absolutely avoided. If it is absolutely necessary to take an x-ray for an emergency treatment; a special protective gown for mother should be worn, fast film should be used and low dose application should be performed.

Alternative Methods

In dentistry, there is no form of imaging that prevents the exposure to radiation.



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In Case of not Implementing the Process

The delay of imaging does not cause serious consequences for dental practices, except in some acute-emergency situations.

Duration of the Procedure

It is approximately 3 seconds for periapical and panoramic x-ray; approximately 7-8 minutes for 3D tomography.

The Examination Performed: Periapical Panoramic 3D Tomography



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Diagnosis _____

Treatment/procedure to be applied _____

Should you not intend to be informed about the purpose, duration, advantages, success ratio, potential risks and complications and alternative options of the treatment to be applied and as well as about the subsequent potential risks in case you do not accept the treatment, please declare so below with your hand writing.

I hereby declare that;

My attending physician informed me about my disease, the treatment option to be applied, its duration, advantages, success ratio, the fact that it does not necessarily guarantee the recovery of current status, period of healing, potential risks and complications, alternative techniques, the potential situations I will experience on the condition that I reject the treatment and compulsory performance of an additional operation/intervention/procedure if deemed necessary and s/he answered all my questions regarding these matters.

Above mentioned procedure has been disclosed to be performed on myself/patient I legally represent by the physicians, nurses as well as other healthcare professionals under the authority, surveillance and control of my attending physician.

I have been informed that if required, anesthesia will be performed by an anesthetist, sedation will be performed by an anesthetist or another physician competent in sedation and local anesthesia will be performed by my attending physician.

While being entitled to make decision and think straightly, I accept the medical procedure to be performed, and consent that my attending physician and his/her team will carry out any medical treatment option/surgical technique/intervention they deem to be necessary.

I authorize the hospital to examine, inspect, dispose of or keep the tissues or organs removed during the procedure for which I have consented above.

I allow my medical reports to be used for scientific researches provided that my identifying information is kept hidden.

Patient's			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
Legal Representative's			
Full Name:	Signature:	Date:	Time:
Degree of Relationship:			
Reason why the consent is delivered by legal representative of the patient:			
<input type="checkbox"/> Patient is not conscious	<input type="checkbox"/> Patient is under 18		
<input type="checkbox"/> Patient is not entitled to make decision	<input type="checkbox"/> Emergency		
Witness'			
Full Name:	Signature:	Date:	Time:
Informing Physician's			
Full Name:	Signature:	Date:	Time:
Interpreter's (If required)			
Full Name:	Signature:	Date:	Time:

Informed consent is delivered by the patient himself/herself if s/he is older than 18 years old, by the patient himself/herself together with his/her legal representative if the patient is aged between 15 and 18 and by the representative of the patient if the patient is under 15 years old and/or is unconscious and/or is not entitled to make decision and in case of emergency.