



## **TOPICAL FLUORIDE APPLICATIONS INFORMED CONSENT FORM**

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.

---

### **Treatment Modality**

Fluoride is a mineral that is commonly found on Earth. Some water resources and foods also contain fluoride. Fluoride ion accumulates in hard tissues such as bone and teeth. It has been reported by the World Health Organization that fluoride has been used for a long time in the area of preventive dentistry and that the fluoride taken by systemic routes has minimal effect while the actual effect is occurred due to topical applications, so the topical applications are recommended. The applications of fluoride are procedures that make teeth more resistant to decay by incorporating into the teeth's structure.

Professional fluoride applications are divided into two categories as fluoride gels/foams and varnishes. Fluoride varnishes are products that have been developed to provide controlled exposure of fluoride to tooth surface for longer periods of time. Since fluoride varnishes are hardened in a short time when they come into contact with saliva when they are applied to the tooth surface, the risk of ingestion and fluoride intoxication is insignificant. Therefore, it can be used safely even for children under 6 years.

The use of fluoride gels in middle and high caries risk groups is recommended for children. They contain high concentration of fluoride. The most commonly used ones are APF (acidulated phosphat fluoride) and neutral NaF (sodiumfluoride) gels. They are also available in foam form. Because of their high concentration of fluoride, they require application in the clinical setting and by the dentist. They are not recommended for children under 6 years of age because the risk of swallowing is high.

For at least 30 minutes after applying topical fluoride, teeth should not be brushed and any food and drink should be consumed.

Soft food should be consumed for the first 4 hours after fluoride application.

### **Possible Risk and Complications**

While allergic reaction may occur in people who have allergies to chemicals in gels and varnishes, the varnish and gels can be brushed away from the teeth.



# SMYRNA DENT

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.

<b>Patient's</b>			
Full Name:	Signature:	Date:	Time:
Date of Birth:			
<b>Legal Representative's</b>			
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		
<b>Witness'</b>			
Full Name:	Signature:	Date:	Time:
<b>Informing Physician's</b>			
Full Name:	Signature:	Date:	Time:
<b>Interpreter's (If required)</b>			
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.