



GENERAL TREATMENT CONSENT FORM

CONSENT TO TREATMENT

I consent to receive dental services, including examination, dental prophylaxis (cleaning), implant, dentures, routine fillings, and other dental treatments from the Associated Dentists (the "PRACTICE").

Trudent Klinik Agiz ve Dis Sagligi A.S is regulated under Turkish Law and personal health data recorded by the international health tourism healthcare facility shall be processed under Law No. 6698 on Protection of Personal Data dated 24/3/2016, and transferred into the central health data system under the procedures and principles set out by the Ministry of Health of Türkiye. Because of this reason, disputes shall be resolved under the law of Türkiye.

I understand that the initial visit may require radiographs to complete the examination, diagnosis, and treatment plan. I understand I will be provided a treatment plan for necessary services; however, I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give my permission to my treating dentist to make any/all changes and additions as necessary. I further understand that clicking, popping, and pain in the jaw joint may occur as a normal part of treatment; however, should the discomfort become intolerable, I may be referred to a specialist for treatment, the cost of which is my responsibility.

TREATMENT OUTCOMES

I understand that the practice and my treating dentist cannot guarantee treatment outcomes. I am responsible for reviewing the treatment plan and asking any questions I may have before receiving treatment. I have the right to accept or reject treatment recommended by my treating dentist. By consenting to my dentist's treatment plans, I acknowledge that I accept the known risks and complications of such treatments. It is my responsibility to fully inform the dentist of my medical history, all medications or other drugs that I am using, and otherwise truthfully answer all questions related to my care. It is also my responsibility to follow my dentist's pre- and post-treatment instructions and oral care instructions. I acknowledge that failure to comply with these requirements may increase the chance of poor treatment outcomes.

DENTAL TREATMENT WARRANTY

Below is a list of treatments covered by the dental treatment guarantee.

Dental Implants – Lifetime Guarantee:

The implant products used in Trudent Clinics is guaranteed against cracking or breaking for a lifetime. Besides, the lifetime guarantee will become invalid if the patient has a biological complication caused by a lack of oral care.

Dental Implants

Below you can find the Implant Products used in Trudent Clinics and their manufacturer guarantee.

STRAUMANN: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

ANKYLOS: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

ROOTTS: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

ETK: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

ANTHOGRYR-3 year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

NEODENT(Grand-Mors):3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

ALPHA GATE: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

MEDIGMA: 3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

BIOART:3-year practice guarantee-LIFETIME STRUCTURAL GUARANTEE

- Porcelain Crowns/Veneers – 5 Years Guarantee:

The porcelain crowns and veneers are guaranteed against breakages, crumbles, or cementation deteriorations in line with the above dental guaranteed terms and conditions for five years.

- Porcelain Dental Bridges – 5 Years Guarantee:

Dental bridges are guaranteed against breakages, crumbles, or cementation deteriorations for five years.

- Dental Fillings – 1 Year Guarantee

Dental fillings are guaranteed against falling out of your natural tooth for one year.

- Dental Inlay / Onlay – 2 Years Guarantee

Dental Inlays and Onlays are guaranteed against breakage, crumbles, or cementation deterioration for two years.

Below is a list of treatments not covered by the guarantee:

- Root Canal Treatment

Due to the human body, we cannot provide any form of guarantee for Root Canal Treatment. The treatment success depends on the response of the human body system

- Dental Treatment initiated by another Dentist or Clinic

If you have started treatment in another dental clinic and we have been asked to complete the treatment, please do not forget that as we are not responsible for all the treatments carried out, there may be a dispute as to which clinic is liable if a problem arises. Therefore, we cannot give any guarantees in this case.

IMPORTANT:

This Guarantee applies to remedial dental work and is validated by annual check-ups every 6-12 months at our clinic. Failure to attend the check-up may invalidate your guarantee. The guarantee applies to dental restoration under normal conditions of use. In this case, we will restore, repair, or change any restorations free of charge. In the case of implants, the guarantee is only valid if our dental clinic completes the work fully and in the country where the treatment was carried out.

The guarantee offered on all implants is three years based on the condition that clients return every 6 months or as directed for a check-up during the first three years. All implants we offer benefit from a manufacturer's lifetime STRUCTURAL guarantee on the implants. If the 3-year period has ended and a problem develops that results in the removal or loss of an implant, a surgical fee will be charged for a new implant to be placed, however, the implant itself will be free. The healing screw, abutment, and crown will also need to be paid for as these cannot be used again on a new implant.

The guarantee of the implants is only valid if TRUDENT CLINICS has completed the full treatment (implant surgery and fitting the crowns and/or bridges) within the time specified in the treatment plan. TRUDENT CLINICS informs you that it uses a third-party dental technician to prepare dental crowns and dentures.

IMPORTANT:

The guarantee will be invalidated in the following cases:

- If oral hygiene is neglected,
- At least once a year, if the patient does not have a routine dental examination that will involve an X-Ray and tooth cleaning (invoice required)
- If the instructions of our Dentists / Oral Surgeons are not followed,
- If the patient does not fulfil their payment obligations,
- The effects that occur in the treatment in our clinic because of the treatments performed in other clinics without notice,
- Tooth-whitening procedure,
- Root canal treatment (root canal treatment has a high-risk failure factor for which a guarantee cannot be given. The anatomic differences and the many variations for each mean that we cannot ensure everything even with the most careful dental treatment,

- Immediate Restorations
- Temporary dentures or teeth cannot be guaranteed against breakage or the need for re-cementation by nature,
- If the patient's gum tissue or bone shrinks or their compatibility is impaired,
- If nail eating is a contributing factor to your dental problems,
- If the patient is interested in sports that may cause dental health problems or injury or activities that may pose a danger associated with them,
- In case of inserting dental/dental accessories or jewellery that are temporarily or permanently attached to the patient's teeth, tongue, or lips.
- Use recreational or prescription drugs or supplements, herbal or otherwise, except as declared during the dentist's examination.
- In case of accidental damage, for example, the lowering of the denture or damage by a third party.
- Damage to our products or the implant due to external effects such as an accident or comparable incidents as well as medical practice,
- Failure of third-party implants such as material or manufacturing defects,
- In case the Dental Implant moves to any degree.
- In case of rejection of Bone Augmentation (bone-forming therapy).
- If the patient was pregnant during treatment and did not explain her condition. Pregnancy could be the cause of your dental problems.
- If the patient is under 18 years of age at the time of treatment and does not reveal her actual age.
- Pregnancy could be the cause of your dental problems.
- If an existing disease is not limited to adverse effects on chewing, jawbone, or tissue, including diabetes, epilepsy, osteoporosis, excessive radiation, mental disorders, or chemotherapy.
- Inappropriate choice by the patient of the colour, shape, and size of the dental prosthesis or prosthesis. In preparation, patients can choose their colour preferences. Still, the clinic cannot be held responsible for the patient's decision if they later decide that they do not like the colour or shape they initially chose.
- If a significant increase or loss in weight occurs,
- If the Clinic has provided a gum protector and it is not installed as recommended,

- If the patient has been prescribed and not taken according to the specified instructions. In such a case, the clinic reserves the right to override all aspects of the dental guarantee.
- Not coming to any appointment given by our clinic will completely void the guarantee.
- Smoking is a cause that contributes badly to your dental problems.
- Fondness for any activity or drug known to raise or lower your blood pressure artificially.
- The effects of the treatment in our clinic because of the treatments carried out in other clinics without notice.
- Excessive teeth grinding/bruxism.
- If the patient does not return for the completion of dental treatment within eight months of the last signed consent form (these treatments include but are not limited to Dental Implants / Implant Onlays and Dental Bridges after extraction).
- Failure of our products or the implants in case of contraindications such as alcoholism, diabetes, or drug addiction. The patient must comply with generally accepted standards of good oral hygiene.
- Further claims and consequential damages such as laboratory charges or clinical and dental treatment costs.

Please note, that tooth extraction, root resection, or root canal treatment can unexpectedly be required (not diagnosed during consultation) and may be needed during the preparation of fixed prosthetic work.

The guarantee does not include travel expenses and accommodation to TURKEY and is only valid for remedial dental work. Flights and accommodation costs remain strictly the responsibility of the patient.

CONSENT TO RECEIVE COMMUNICATION

I agree that, when I provide my landline or cell phone number(s), I am giving you express consent to contact me at these numbers, or at any number that is later acquired for me and to leave live or pre-recorded messages to voicemail or text, regarding scheduling or scheduled appointments, my services, or my bill. For greater efficiency, calls or texts may be delivered by an auto-dialer. As a consequence of providing this consent, I may receive future calls or text messages that deliver pre-recorded messages by or on behalf of the practice. I will be responsible for all data and other charges for text or email messages. Providing a telephone or cell number or email address is not a condition of receiving services. This consent to receive voicemails, emails, and text messages applies to future communications unless I request a change in writing, by clicking an unsubscribe link provided in emails, or by replying STOP to all text communications.

I further acknowledge that these communications may contain information protected under Turkish Privacy Laws and that my consent means that THE PRACTICE may use the methods I identify below to

contact me about appointments, dental treatment, payments, and other information that may contain protected health information. THE PRACTICE will use all reasonable efforts to minimize the amount of protected health information disclosed and otherwise protect my data; however, I am aware that such communications will not be encrypted and that there may be some risk that such messages may be read or accessed by a third party. By signing below my acceptance to receive communications via text, email, or voicemail, I am agreeing that I have been informed of this risk and that I still prefer to receive communications in these manners.

PLEASE INITIAL _____

I APPROVE _____ - Authorization to receive communication via TEXT.

I APPROVE _____ - Authorization to receive communication via EMAIL.

I APPROVE _____ - Authorization to receive communication via VOICEMAIL.

CONSENT TO PHOTOGRAPH

I understand photographs, videotapes, digital and/or other images may be made/recorded for identification, treatment, and payment purposes. These will be part of my record and not be used for marketing or other purposes. I will specifically authorize in writing any other use or disclosure of any image or recording.

SCAN TO PATIENT CHART / ORIGINAL TO PATIENT

2023/2024 General Consent Agreement – Associated Dentists, an affiliate of TRUDENT CLINICS

CONSENT TO ELECTRONIC PRESCRIBING

I authorize an electronic prescribing network to release my medication refill history to the practice for continued treatment.

CONSENT TO SCHEDULING AND APPOINTMENTS

I understand that it is my responsibility to change or cancel appointments I can no longer keep at least 2 business days before the scheduled appointment.

I understand that multiple short-notice cancellations may result in my dismissal as a patient.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ THIS CONSENT AGREEMENT AND AGREE TO THE STATED ITEMS AS THEY HAVE BEEN OUTLINED. I HAVE BEEN ALLOWED TO HAVE MY QUESTIONS ANSWERED AND I UNDERSTAND THAT I MAY MAKE INQUIRIES ABOUT THIS AGREEMENT AT ANY TIME. I FURTHER ACKNOWLEDGE THAT I MAY REVOKE MY CONSENT TO ALL OR ANY PART OF THIS CONSENT AGREEMENT AT ANY TIME BY DOING SO IN WRITING.

PATIENT/NAME/SURNAME
(PRINTED) DATE

SIGNATURE OF PATIENT/LEGAL REPRESENTATIVE
RELATIONSHIP TO PATIENT