



## INFORMED CONSENT/INFORMATION FOR REMOVABLE DENTURES (PARTIAL/COMPLETE)

This is my consent for the dentist to start the process of making the recommended Denture as previously explained to me, or other procedures deemed necessary or advisable to complete the planned procedure.

**Tooth Number(s):** \_\_\_\_\_

**Location:** \_\_\_\_\_

I understand that removable prosthetic appliances (full dentures and partial dentures) include risks and possible failures associated with such dental treatment. I agree to assume those risks and possible failures associated with, but not limited to, the following:

**Complications in full dentures:** There are many variables which may contribute to this possibility, such as: (1) gum tissues which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots; (2) jaw ridges which may not provide adequate support and/or retention; (3) musculature in the tongue, floor of the mouth, cheeks, etc. which may not be able to accommodate the artificial appliances; (4) excessive gagging reflexes (5) excessive saliva or excessive dryness of mouth; (6) general psychological or physical problems interfering with success.

**Complications in partial dentures:** Many variables may contribute to unsuccessful utilization of partial dentures (removable bridges). The variables may include the same problems related to full dentures, in addition to: (1) natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore, and/or mobile; (2) abutment teeth may decay or erode around the clasps or attachments; (3) tissues supporting the abutment teeth may fail.

**Immediate Dentures:** These are placed directly after the extraction of some or all teeth. Your tissues will be undergoing the greatest number of changes during the first 6 months that follow your extractions. The dentures will require several adjustment appointments over those 6 months, as we adjust and temporarily re-fit your denture until we can assess for a permanent relines at the 4–6-month mark.

**Loose Dentures:** Full dentures normally become loose as there are changes in the supporting gum tissues and underlying bone. Dentures themselves do not change unless subjected to extreme heat or dryness. When dentures become ill-fitting, relining the dentures may be necessary. Normally it is necessary to charge for a denture relines, unless stated otherwise. Partial dentures may also become loose for the listed reasons, in addition to clasps or other attachments loosening.

**Relines:** The area where a denture sits (tissues) is constantly changing. To compensate for the changes in anatomy, dentures must be relined. Depending on your specific circumstances, either a temporary or permanent relines may be required. A temporary relines involves a soft liner used to condition irritated

tissues for 1-6 months before we permanently reline. This material is temporary because it degrades over time. A permanent reline involves the same material as denture base - permanent bonds and does not degrade.

**Temporary Dentures (Flipper/Transitional denture):** In some cases, a temporary denture is an option to replace aesthetic front teeth quickly, to replace teeth while tissues are healing before a permanent denture, while implants are healing. They can be retained with/without clasps depending on circumstances.

**Breakage:** Due to the types of material that are involved in the construction of these appliances, breakage may occur even if these materials are not deemed defective. Factors which may contribute to breakage are: (1) chewing on foods or objects which are excessively hard; (2) gum tissue shrinking which causes excessive pressures to be exerted on the denture(s) unevenly; (3) cracks which may be unnoticeable, and which occurred previously from causes mentioned in (1) & (2); or the dentures having been dropped or damaged previously. The above may cause extensive denture tooth wear and or chipping.

**Repairs:** When a denture repair is done, the bonding of new material to "old" may not create the 100% linkage we are seeking thus causing the repair to be re-done. Please refer to breakage about factors contributing to repairs

**Adhesive:** Cases where the material anatomy of the oral cavity does not provide ideal conditions for natural suction - adhesive may be required to retain the denture(s) in the mouth. Adhesives come in various strengths, flavors, and consistencies.

**Allergies to dental materials:** Very infrequently, oral tissues may exhibit allergic symptoms to the materials used in the construction of either full or partial dentures, over which we cannot control. Failure of supporting teeth and/or soft tissue: Natural teeth supporting partial dentures may fail due to decay, excessive trauma, gum tissue or bony tissue problems. This may necessitate extraction. The supporting tissues may also fail due to many problems including poor dental or general health. It is the patient's responsibility to seek attention when problems occur and do not lessen in a reasonable amount of time; also, to be examined regularly to evaluate the dentures, condition of the gums, and the patient's oral health.

**Removable Denture Fees** There are 2 fees associated with removable dentures: **DDS (Dentist) fee** and **Laboratory Fee**

**INCLUDED IN THESE FEES:**

- Treatment planning
- Necessary mouth preparations (not including any restorations, or fillings needed)
- Preliminary, any necessary interim and final impressions
- Any try in appointments
- Insertion appointment, including any necessary adjustments, instructions
- 3 MONTHS POST INSERTION CARE

**NOT INCLUDED IN THESE FEES:**

- Any fillings needed on remaining teeth
- Relines of denture
- If an immediate denture, this will be included in the treatment plan
- Any necessary repairs



**Important Points**

- Wearing a denture does not remove the need for regular dental care, including X-rays as needed and exams. This is important to assess any remaining teeth, the fit and function of the dentures and to examine the mouth and tissues for concerns including sores, oral cancer, etc.
- Wearing a denture increases the risk of getting cavities in remaining teeth. Prosthesis holds food and bacteria close to the tooth surface, thus excellent oral hygiene is important. Dentures should be taken out and properly stored at night and cleaned after meals.
- for the same reason, teeth can be subject to periodontal inflammation and increased tartar. Visits with the hygienist are important to maintain any remaining teeth.
- Not adhering to the above can affect the fit of your dentures, thus resulting in costly repairs and additions or even further tooth loss.

**Informed Consent:**

I have read this entire form and understand everything explained in it. I have been given the opportunity to ask any questions regarding the nature of Removable Dentures and have received answers to my satisfaction. I voluntarily assume all possible risks including those listed in this form. I understand no guarantees or promises have been made to me concerning the results and the fee(s) for service have been explained to me and are satisfactory. I accept all financial responsibility for this treatment.

By signing this document, I am freely giving, my consent to allow and authorize Dr. \_\_\_\_\_ to render any treatment necessary and/or advisable to my dental needs including the prescribing and administering of any medications and/or anesthetics deemed necessary to my treatment.

\_\_\_\_\_ RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing  
*(Initial)* this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Patient's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Witness's Name: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

