



INFORMED CONSENT FOR FULL DENTURES AND PARTIAL DENTURES

Date: «general.date»

Name: «patient.title» «patient.firstname» «patient.lastname»

- 1. Breakage:** Due to the types of denture materials, breakages may occur even though the materials used were not defective, the majority is from wear and tear. Contributing factors are: (1) chewing on foods or objects which are excessively hard; (2) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures; (3) cracks which may be unnoticeable and occurred previously from causes such as those mentioned in (1) and (2); or the dentures having being dropped or damaged previously.
- 2. Loose Dentures:** Full dentures normally become looser when there are changes in the supporting gum tissues. Dentures themselves do not change unless subjected to extreme heat or dryness. When dentures become “loose” , relining the dentures may be necessary. Relining dentures incurs an additional cost.
- 3. Failure of full dentures:** (1) gum tissues which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots; (2) jaw ridges/bone which may not provide adequate support and/or retention; (3) tongue, floor of the mouth, cheeks, etc. which may not accommodate the artificial appliances; (4) excessive gagging reflexes; (5) excessive saliva or excessive dryness of mouth.
- 4. Failure of partial dentures:** As above and following: (1) natural teeth to which partial dentures are anchored (abutment teeth) may become tender, sore, decay, become mobile or even fail.
- 5. Allergies to dental materials:** Very rare. We have no control over this or any way of knowing it will occur unless you already have knowledge of an allergy.
- 6. Comfort and appearance:** Discomfort may occur because of the differences between natural teeth and the artificial dentures. Most patients usually become accustomed to this feeling in time. However, some patients have great difficulty adapting to this change. We make all efforts to ensure your denture/s are as comfortable and aesthetically pleasing/suited as possible. However, denture teeth will always look and feel different to your natural teeth.

It is the patient's responsibility to seek attention when problems occur and do not lessen in a reasonable amount of time, to regularly examine the dentures, gums and teeth.

I understand that I must leave my prosthesis out 4 to 8 hours every day or I can do irreparable harm to my gums, bone, and mouth.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding treatment choice and have been given alternative treatment options including dental implants and have received answers to my satisfaction. I do assume any and all possible problems and risks, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. The fee(s) for this service have been explained to me and is satisfactory.

Signature of Patient: _____ Date _____

Signature of Dentist: _____ Date _____