

Consent for Complete and Partial Dentures

Dentures are teeth substitutes and have a certain number of limitations that you should be aware of. Many people think that once they get dentures, all of their tooth problems will be over. This is far from true. Denture teeth have only 25% of the chewing efficiency of real teeth. It takes work to get used to the function of your new denture teeth. Partial dentures are usually more easily accepted than complete dentures because they have abutment teeth to help hold them in place. For complete denture wearers, you must re-train the muscles of your face and tongue to help keep the dentures in place. Some people are unable to wear conventional dentures and may require the use of special soft liners or implant-supported dentures.

Dentures often replace large amounts of lost gum tissues, bone and teeth. This added bulk improves their appearance but may reduce the denture stability. Dentures are supported by areas of the mouth that were not designed to carry the chewing loads placed on them by the dentures. If the gums and bone underneath are not given an 8 hour rest each day, they may dissolve rapidly. This may require frequent relines or adjustments.

Like natural teeth, dentures must be kept clean. If not, they may develop a bad odor or ugly stains. Dentures may be designed to include facial support. If you desire additional plumping, the dentures may become unstable and the gums may dissolve away more rapidly.

Your dentures will be made using a technique that involves several impressions and fittings. The process usually takes 4-5 appointments that vary in length. For partial dentures, the remaining teeth may need to be prepared in order to provide support for replacement teeth. This usually is done with no anesthesia but anesthesia may be used if needed. Tooth sensitivity is a potential risk of removing tooth structure for partial preparation. You must agree to be involved in the selection of the shape, size, color and arrangement of the teeth. If you would like your teeth to look like some specific way, bring a photograph of a person who demonstrates this arrangement and color.

It is your responsibility to express any concerns before the final dentures are constructed. You will see your final denture teeth arranged in wax at the cosmetic try in appointment. **You must inform the dentist of any desired changes at this appointment.** After you leave this appointment, the final dentures will be constructed. You are not allowed to make any changes after the cosmetic try in appointment. If you desire any changes after this appointment, you must agree to pay the full fee for new dentures.

Once your dentures are processed and delivered, there may be several adjustment appointments to make your dentures more comfortable. There are often sore spots that arise after insertion of the dentures that need to be adjusted. The denture fee

includes these adjustments for a period of three months. After the three month period, you will be charged for each additional denture related appointment.

Complete dentures and specifically immediate dentures (those that are made for insertion the day of the tooth extractions) will need to be relined or remade as the bone level continues to decrease and change in shape over time. These procedures are not included in the original fee for dentures. Partial dentures may also need to be relined after a period of time or clasps adjusted to restore retention of the denture.

I consent to the administration of **local anesthesia, nitrous oxide analgesia** or **oral sedation** in connection to the procedure referred to above as needed (circle all that apply). Drugs given at the time of surgery for sedative purposes or control of pain following the surgery may cause drowsiness and a lack of awareness or coordination.

I certify that I have read the above and fully understand this consent for treatment. I understand that a perfect result cannot be guaranteed. I am aware of the fee(s) associated with this treatment and am responsible for any and all payments not covered by my insurance.

Patient Signature _____ Date _____

Doctor Signature _____ Date _____

Witness Signature _____ Date _____