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Complete Denture Consent

I understand that I am having my teeth replaced with a removable denture, which consists of acrylic or porcelain teeth imbedded in an acrylic base. Full upper dentures are retained by suction against the palate, and full lower dentures are retained by training the tongue and cheek muscles to hold them in place. Both upper and lower dentures may require denture adhesive to aid in their retention.

I understand that complications with wearing these appliances include, but are not limited to, an inability to chew and bite effectively, looseness, collection of food beneath the appliance, altered speech patterns, changes in facial appearance, ulceration, infection, discomfort and potential development of cancerous lesions of supporting tissues.

I understand that adapting to a new denture is a slow process and can be difficult, even if I have worn one previously, and it is not possible to exactly duplicate my old appliance. It will require a degree of personal resolve in order to get used to my new denture. I further understand that habits such as tooth clenching and grinding and consumption of foods requiring aggressive chewing, such as jerky, nuts and tough meats, will increase the possibility of appliance damage, soreness and the time necessary to adapt to the new denture.

I understand that before the denture is completed, I will be presented with a preliminary set-up of the denture in wax that I can place in my mouth to observe the esthetics, including the arrangement, shape, color, and position of the teeth. Any changes need to be made at this stage. Once I approve of the preliminary set up, the denture will be completed and any changes from this point forward will be my financial responsibility, in addition to the full cost of the denture.

I understand that, with time, the teeth will wear out or crack, the acrylic base may crack or discolor and the denture may loosen due to changes in the underlying supporting tissues. I further understand that I will require annual examination of the supporting tissues, and the denture will require daily personal maintenance, which includes removing the denture and soaking it in denture cleanser overnight five times per week.

<u>Option given for adjustment</u>

1) Reline (in office or Lab)
2) Remake new denture
3) Referral to another Dentist

I understand that the fee for the denture includes three adjustments. Temporary and permanent relines are not considered to be an adjustment. The cost of additional adjustments, including all temporary and permanent relines will be my responsibility. I understand that no guarantee has been made regarding the success or longevity of the appliance.

Patient (Guardian) Signature Patient (Guardian) Print Name Date