

Consent for complete dentures

I understand that the process of fabricating and fitting **Complete Prosthetic Appliances** includes risks and possible failures. Even though the utmost care and diligence is exercised in preparation for and fabrication of the immediate prosthetic appliance, there is the possibility of failure with patients not adapting to the new dentures. Dentures may take between 4-6 weeks for fabrication. If any extraneous circumstance occurs which extends this time, you will be notified. Please note that 8-12 weeks are necessary for full adjustment to the prosthetic appliance. Up to 5 appointments can be accessed to adjust the fit of your appliance.

If failures do occur I understand and agree to assume those risks and possible failures associated with but not limited to the following:

- 1. Failure of immediate complete dentures:** There are many variables which may contribute to this possibility such as: (1) gum tissues pressure resulting in excessive tenderness and sore spots, especially during the healing following extraction and denture placement; (2) jaw ridges which may not provide adequate support and/or retention as shrinkage occurs following extractions; (3) musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to the new artificial appliances; (4) excessive gagging reflexes as the mouth adapts to the new dentures; (5) excessive saliva or excessive dryness of mouth; and (6) general psychological and/or physical problems interfering with success.
- 2. Breakage:** Due to the types of materials which are necessary in the construction of these appliances, breakage, denture tooth wear or chipping may occur even though the materials used were not defective. Factors which may contribute to breakage are: (a) chewing on foods or objects which are excessively hard; (b) gum tissue shrinkage causing excessive pressures to be exerted unevenly on the dentures (c) unnoticeable cracks which occurred previously from causes such as those mentioned in a. and b. above; (d) use of porcelain teeth as part of the denture, or the dentures having been dropped or damaged previous to being relined.
- 3. Loose dentures:** Immediate complete dentures normally become less secure over the initial months as healing progresses and the ridge changes. After several months once healing is complete, the dentures will generally be quite loose and a reline or even rebase (replacement of all tissue coloured material supporting the teeth) will become necessary. A fee is charged for relining or rebasing dentures after twelve (12) months and I understand that the fee for immediate dentures does not cover this reline or rebase fee. This is especially true for a patient with a history of smoking and/or periodontal disease or extensive oral surgery associated with tooth removal.
- 4. Difficulties and Problems with Wearing Dentures:** The difficulties and problems associated with wearing dentures have been presented to me, along with my treatment plan. These issues include, but are not limited to: (a) lack of retention, (b) food under dentures, (c) functional problems, (d) loose dentures, (e) difficulties with speaking and/or eating, (f) need for adhesives, (g) saliva production (h) effect(s) of poor ridge shape and form (i) the need for future relines and remakes of either immediate or conventional dentures.
- 5. Allergies to denture materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of immediate complete/partial dentures.



- 6. **Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the artificial dentures. These differences can be delayed recognition of shape or hardness of food. Chewing efficiency can decrease and care must be taken when making dietary choices. Most patients usually become accustomed to this feeling in time. However, some patients have great difficulty adapting to immediate complete and/or partial dentures.
- 7. **Aesthetics or appearance:** Patients will be given the opportunity to observe the anticipated appearance of dentures prior to processing. If satisfactory, this fact will be acknowledge by the patient's signature on this form where indicated.
- 8. **It is the patient's responsibility to:** seek attention when problems occur and do not lessen in reasonable amount of time; also, to be examined regularly to evaluate the tissue response to the dentures during healing, condition of the gums, and the patient's oral health.

Informed Consent: I have been fully informed of the fees and problems associated with complete dentures, the alternative treatments available, and the necessity for follow-up care. I have been given the opportunity to ask any questions regarding the nature and purpose of immediate dentures and have received answers to my satisfaction. I do voluntarily assume any and all possible problems and risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hope 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 are satisfactory. I fully understand that if for any reason I am not satisfied with the immediate denture fabricated for me, I cannot receive a refund and if I wish to have them replaced, I will be solely responsible for the full cost of such a replacement.

Patient's printed name

Signature of patient or authorized representative

Date

Witness to signature

Date