

## Consent for Partial dentures

I understand that the process of fabricating and fitting **Partial 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 removable partial dentures:** Many variables may contribute to the unsuccessful utilizing of immediate partial dentures (removable bridges). The variables may include those problems related to failure of immediate complete dentures, in addition to: (1) natural teeth to which removable partial dentures are anchored (called abutment teeth) may become tender, sore and/or mobile as support of the ridge changes during healing; (2) abutment teeth may decay or erode around the clasps or attachments; and (3) tissues supporting the abutment teeth may fail after healing is complete.
- 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 partial dentures normally become less secure over the initial months as healing progresses and the ridge changes. Dentures themselves do not change unless subjected to extreme heat or dryness. Dentures can become loose for reasons stated in paragraphs 1 and 2 as well as clasps or other attachments loosening. 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. It will be necessary to charge a fee 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.
- 4. Allergies to denture materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of immediate complete/partial dentures.
- 5. Failure of supporting teeth and/or soft tissues:** Natural teeth supporting immediate partial dentures may fail due to decay; excessive trauma; gum tissue or bony tissue problems. This may necessitate extraction. The supporting soft tissues may fail due to many problems including poor dental or general health.
- 6. Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the artificial dentures. Most patients usually become accustomed to this feeling in time.



Chewing efficiency can decrease and care must be taken when making dietary choices. However, some patients have great difficulty adapting to 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 a 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 given the opportunity to ask any questions regarding the nature and purpose of immediate partial 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.

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Patient's printed name

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date