

DENTURE TREATMENT CONSENT FORM

1. Introduction

I understand that removable prosthetic appliances (partial dentures and full artificial dentures) include risks and possible failures associated with such dental treatment. I agree to assume those risks and possible failures associated with, but not limited to, the following: (even though the utmost care and diligence is exercised in preparation for, and fabrication of, prosthetic appliances, there is the possibility of failure with patients not adapting to them):

2. Risks of treatment

I am signing this consent form to say that I understand and accept the following risks involved:

i). Failure of full dentures.

- There are many variables which may contribute to this possibility, such as:
- gum tissues which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots;
- jaw ridges which may not provide adequate support and/or retention;
- musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the artificial appliances;
- excessive gagging reflexes;
- excessive saliva or excessive dryness of my mouth;
- general psychological and/or physical problems interfering with success.

ii). Failure of partial dentures.

- Many variables may contribute to unsuccessful utilizing of removable partial dentures. The variables may include those problems related to failure of full dentures, in addition to:
- natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore, and/or mobile;
- my abutment teeth may decay or erode around the clasps or attachments;
- my tissues supporting the abutment teeth may fail.

iii). Breakage.

- Due to the types of materials which are necessary in the construction of these appliances, breakage may occur even though the materials used were not defective. Factors which may contribute to breakage are:
- chewing on foods or objects which are excessively hard;
- gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures;
- cracks which may be unnoticeable, and which occurred previously from causes such as those mentioned in (1) and (2); or the dentures having being dropped or damaged previously. The above may also cause extensive denture tooth wear or chipping.

iv). Loose Dentures.

- Full or partial 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. Normally, it is necessary to charge for relining dentures. Partial dentures become loose for the listed reasons in addition to clasps or other attachments loosening. Sometimes dentures feel loose for other reasons (see previous paragraphs).

- Full or partial dentures may become loose if they have been fitted at the same time as, or shortly after, teeth being extracted. This is because the bone and covering gum tissue shrink at the extraction site, meaning the denture no longer fits against my gum. This may result in either a denture being relined, or replaced, for which extra charges may apply.

v). Allergies to dental materials.

- Very infrequently, my oral tissues may exhibit allergic symptoms to the materials used in the construction of either partial dentures or full dentures, over which the dentist has no control.

vi) Failure of supporting teeth and/or soft tissue.

- My natural teeth supporting partials 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.

vii). Aesthetics or appearance.

- I will be given the opportunity to observe the appearance of any dentures in my mouth prior to final fitting. If satisfactory, this fact will be acknowledged and recorded. I can be involved in the shade taking along with the dentist. Further charges may apply for alterations made to my dentures.

3. Patient responsibilities

It is my responsibility to seek attention from the dentist should any undue or unexpected problems occur. I must diligently follow any and all instructions, including the scheduling and attending of all appointments.

4. Patient Statement

The Denture procedure has been explained to me in full including the risks and complications. I have had the opportunity to ask any questions I have regarding the treatment, and have received answers to my satisfaction.

I have read and understood this consent form and I also understand the treatment process in full. I also consent to photographs of my teeth being taken and that they may be used for documentation and illustration of my treatment. I agree to have the Denture treatment.