

FAMILY, IMPLANT & COSMETIC DENTISTRY SINCE 1979



*Creating
Beautiful Smiles
Since 1979*

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INFORMED CONSENT FOR DENTURES

New dentures are indicated within one year after placement of immediate insertion dentures and again every five to ten years thereafter. Changes in the mouth, including loss of alveolar bone, and wear of dentures make this necessary. Properly fitting dentures help to maintain the oral structures; ill-fitting dentures tend to destroy supporting structures.

LIMITATIONS:

Every effort will be made to make your dentures fit properly. The best dental materials will be used. However, the fit and function of your dentures depends greatly upon your remaining supporting structures (bone and gums), your efforts to adapt to something new, and your regular visits for adjustments and maintenance.

In the best of situations, a complete upper denture or a partial denture is stable (resists tipping) and retentive (resists being dislodged vertically). A complete lower denture is, at best, stable, but almost never retentive. Additional possible complications include allergy to restorative materials, occlusion, prosthetic, and/or material failure, loss of permanent teeth, loss of prosthesis, bone loss, sore spots and ulcers, wear or breakage of dentures, or other situations which cannot be predicted in advance.

Implants and/or surgery may be necessary in order to provide better fit and function. Healthy implants can help preserve bone, provide stability and retention.

Smoking and excessive use of alcohol will have an adverse effect on the body's response, and may affect the success of dentures, as will my cooperation in performing prescribed home care.

Alternative treatment plans have been fully explained to me along with possible outcomes and risks.

I understand that I am to return at regular intervals for examination and oral cancer screening, and that a reasonable fee will be charged for such visits. Such visits should be no less frequent than annually.

I acknowledge that no guarantees or assurances have been made to me concerning my dentures. I have had the opportunity to ask questions regarding all of the above and all my questions have been answered.

I fully understand all matters as described in this authorization and consent for dentures.

Patient Signature

Date