



Consent for: Complete Dentures and Partial Dentures

- 1) The following informed consent form for prosthetic treatment for the condition(s) described as: **complete edentulism (“missing all teeth”) or partial edentulism (“missing some teeth”)**
- 2) The procedure(s) necessary to treat the condition(s) have been explained to me, and I understand the nature of the procedure(s) to be: **initial or final impression, wax try-in, framework try-in, wax-teeth try-in, delivery or adjustment (These are different steps to make you denture)**
- 3) The prognosis for this(these) procedure(s) was described as: **excellent, good, fair, questionable or poor**
- 4) I have been informed of possible alternative methods of treatment including:
 - A. No treatment at all
 - B. _____
- 5) I consent to the administration of local anesthesia in connection with the procedure(s) referred above, if necessary. I understand that administration of local anesthesia involves risks including pain, paralysis, injury and rarely, even death.
- 6) Complications with local anesthesia although rare can include swelling, bruising, pain, infection, nerve damage, and unexpected allergic reaction, which could lead to a heart attack, stroke, brain damage and/or death.
- 7) **I UNDERSTAND that REMOVABLE PROSTHETIC APPLICANCES (PARTIAL DENTURES AND FULL 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)**
 - A. **Failure of complete dentures:** There are many variables which may contribute to this possibility such as: (1) gum tissue which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots; (2) jaw ridges which may not provide adequate support and/or retention; (3) musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the artificial appliances; (4) excessive gagging reflexes; (5) excessive saliva or excessive dryness of mouth; (6) general psychological and/or physical problems interfering with success.
 - B. **Failure of partial dentures:** Many variables may contribute to unsuccessful utilizing of partial dentures (removable bridges). The variables may include those problems related to failure of complete dentures, in addition to: (1) natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore, and/or mobile; (2) abutment teeth may decay or erode around the clasps, rests, or attachments; (3) tissue(s) supporting the abutment teeth may fail.
 - C. **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: (1) chewing on foods or objects which are excessively hard; (2) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures; (3) cracks which may be unnoticeable and which occurred previously from causes such as those mentioned in (1) and (2); or the dentures having been dropped or damaged previously. The above may also cause extensive denture tooth wear or chipping.



- D. Loose dentures:** Full dentures normally become looser when there are changes in the supporting 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 and other attachments loosening. Sometimes dentures feel loose for other reasons (See paragraph 1.).
- E. Denture Sores:** Small area of irritation that must be treated at once which can be caused by broken or ill-fitting dentures. If left this can result in cancerous changes to the mouth.
- F. Allergies to dentures materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of either partial dentures or full dentures over which we have no control.
- G. Failure of supporting teeth and/or soft tissues:** Natural teeth supporting partial 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.
- H. Chewing:** 20% as effective as with natural teeth.
- I. 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. However, some patients have great difficulty adapting to complete dentures.
- J. Esthetics or appearance:** Patients will be given the opportunity to observe the anticipated appearance of the dentures prior to processing. If satisfactory, this fact will be acknowledged by the patient’s signature (or signature of legal guardian) on the back of this form where indicated.
- K. It is the patient’s responsibility to seek attention when problems occur and do not lessen in a reasonable in a reasonable amount of time; also, to be examined regularly to evaluate the dentures, 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 artificial dentures and have received answers to my satisfaction. I do voluntarily assume any and all possible problems and risks, including risks of substantial harm, if any, which may or may not be achieved. No guarantees or promises have been made to me concerning the results relating to my ability to utilize complete or partial dentures successfully nor to their longevity. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I freely give my consent to allow and authorize Dr. Lee to render the dental treatment necessary or advisable to my dental condition (s), including administering and prescribing all anesthetics and/or medications.