

**I understand** that the process of fabricating and fitting **Removable Prosthetic Appliances (Partial Dentures and/or Complete Artificial Dentures)** includes risks and possible failures. 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 the dentures. I agree to assume those risks and possible failures associated with but not limited to the following:

**1. Failure of Complete Dentures:** There are many variables which may contribute to this possibility such as: (1) gum tissues 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.

**2. Failure of Removable 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 or attachments; (3) tissues supporting the abutment teeth may fail.

**3. 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); (4) use of porcelain teeth as part of the denture, or the dentures having been dropped or damaged previously in the event the dentures are relined. The above factors listed may also cause extensive denture tooth wear or chipping. The Patient will be given instructions on how to adequately care for their dentures, however it is the patient's responsibility to follow post delivery instructions.

**4. Loose Dentures:** Complete dentures normally become less secure 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. It will be necessary to charge a fee for relining or rebasing dentures and I understand that the fee(s) for complete or partial dentures does not cover this reline or rebase fee. Immediate partial dentures may become loose for the same reasons listed.

**5. Allergies to Denture Materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of either partial dentures or full dentures over which the dentist and/or his associates have no control.

**6. Failure of Supporting Teeth and/or Soft Tissues:** 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. I understand that it is my responsibility to set and attend regular regular hygiene visits since the dentist and/or his associates have no control over these factors.

**7. Esthetics or appearance:** Patients will be given the opportunity to observe the anticipated appearance of the dentures prior to processing during the "wax try-in" phase of treatment. 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.

**8. 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.

**I understand it is my 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, condition of the gums, and the patient's oral health. I acknowledge that it is also my responsibility to schedule and attend all appointments.

**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 risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results relating neither to my ability to utilize artificial 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 this practice to render the dental treatment necessary or advisable to my dental condition(s), including administering and prescribing all anesthetics and/or medications. I understand it is my responsibility to inform the doctor of ALL the medications I am currently taking as well as any allergies.

# Complete and Partial Dentures Consent

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Patient: Submitted: 10/14/2024

## Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: [ ]

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: [ ]