

I acknowledge that I have been given the opportunity to view my complete or partial dentures prior to final delivery during the “wax try-in” phase of this procedure and the factors of color, shape, feel and overall appearance cannot be changed at this point without additional and possibly significant time being taken and fees assessed. I understand that the dentist and/or his associates have given me the option of altering the fit of the denture base prior to final delivery. I further understand that adjusting the dentures without the assistance of a dentist or lab may create the risk of injury or breakage to the complete or partial denture as well as voiding any warranty.

Informed Consent: By signing this consent I give Gunnerson Dental my consent for final delivery and acknowledge my approval of the appearance and fit of the denture. I understand that as a courtesy to me, for one month from the delivery date of the dentures, any denture fit adjustments will be free of charge. However this does not include any hardware or material that may be added to the denture. Any adjustment after the first month may have additional fees assessed. I acknowledge that I have been given instructions as how to care for my dentures and it is my responsibility to follow those instructions.

Patient Name	Signature of patient, legal guardian, or authorized representative	Date
Tooth Number	Witness Signature	Date
	Dentist Signature	Date

Final Delivery of Denture Consent

Patient: Submitted: 9/16/2024

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: