

**I have been given the opportunity** to view a wax replication of my complete and/or partial dentures prior to final processing. I approve the color and shape of the teeth and overall appearance of my dentures. I understand that once the dentures are processed by the laboratory, the factors of color, shape, feel and overall appearance cannot be changed without additional and possibly significant time being taken and fees assessed. By signing this consent for final processing of dentures, I give this practice my consent for final processing and acknowledge my approval of the appearance. I understand that it may take up to several weeks to receive the final dentures as they may be sent to an outside lab. If I need the dentures sooner there may be an additional “rush fee”. As the dentures are being sent to an outside lab I understand that the dentist and/or his associates do not have control over delivering the dentures to the patient sooner than the lab is able to deliver them to the practice.

|              |   |      |
|--------------|---|------|
| Patient Name | Signature of patient, legal guardian,<br>or authorized representative | Date |
| Tooth Number | Witness Signature   | Date |
|              | Dentist Signature   | Date |

# Final Processing of Dentures Consent

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Patient: Submitted: 10/1/2024

## 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.: [ ]