

I understand that the process of fabricating and fitting **Immediate Removable Prosthetic Appliances** includes risks and possible failures. Even though the utmost care and diligence is exercised in preparation for and fabrication of immediate prosthetic appliances, I agree to assume those risks and possible failures associated with but not limited to the following:

1. Failure of Removable Prosthetic Appliance: 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, especially during healing following extraction and removable prosthetic placement; (2) jaw ridges which may not provide adequate support and/or retention as shrinkage occurs following extractions; (3) musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the new artificial appliances; (4) excessive gagging reflexes as the mouth adapts to the new artificial appliance; (5) excessive saliva or excessive dryness of mouth; (6) general psychological and/or physical problems interfering with success; (7) tissues supporting the abutment teeth may fail after healing is complete.

2. 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 artificial appliance, especially as the tissues heal and change; (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 artificial appliance. The above factors listed may also cause extensive tooth wear or chipping of the artificial teeth in the removeable appliance.

3. Loosening of Removable Prosthetic Appliances: Immediate Removable Prosthetic Appliances may become less secure over the initial months as healing progresses and the ridge changes. Artificial appliances themselves do not change unless subjected to extreme heat or dryness.

4. Failure of Supporting Teeth and/or Soft Tissues: Natural teeth supporting removable prosthetic appliances 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 hygiene visits since the dentist and/or his associates have no control over these factors.

5. Allergies to Artificial Materials: Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of removable prosthetic appliances over which the dentist and/or his associates have no control.

7. Uncomfortable or Strange Feeling: This may occur because of the differences between natural teeth and the artificial appliances. Most patients usually become accustomed to this feeling in time.

8. Esthetics or Appearance: Due to the nature of receiving an immediate removable prosthetic appliance, I understand I cannot be given the opportunity to approve the appearance of the final artificial appliance prior to processing. By signing this form I approve and understand that the removeable prosthetic appliance will be fabricated to mimic my original teeth as closely as possible with the exception of any areas of decay and/or previously missing teeth.

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 removeable prosthetic appliance during healing, 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 **Immediate Removable Prosthetic Appliances** 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 to my ability to utilize removeable artificial appliances 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 the Doctor and/or his associates 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.

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.: []