

## INFORMATIONAL INFORMED CONSENT IMMEDIATE COMPLETE DENTURES AND PARTIAL DENTURES

I UNDERSTAND that the process of fabricating and fitting IMMEDIATE 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 immediate prosthetic appliances, there is the possibility of failure with patients not adapting to the new dentures. I agree to assume those risks and possible failures associated with but not limited to the following:

1. **Failure of immediate 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, especially during healing following extraction and denture 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 dentures; (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 immediate 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 as support of the ridge changes during healing; (2) abutment teeth may decay or erode around the clasps or attachments; (3) tissues supporting the abutment teeth may fail after healing is complete.
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, 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 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.
4. **Loose dentures:** Immediate complete dentures normally become less secure over the initial months as healing progresses and the ridge changes. Dentures themselves do not change unless subjected to extreme heat or dryness. After several months once healing is complete, the dentures will generally be quite loose and a reline or even rebase (replacement of all tissue colored material supporting the teeth) will become necessary. During the healing process some chairside relines may be performed, but eventually a laboratory processed reline or rebase will be necessary. It will be necessary to charge a fee for relining or rebasing dentures and I understand that the fee for immediate 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.
6. **Failure of supporting teeth and/or soft tissues.** Natural teeth supporting immediate partial dentures 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.
7. **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.
8. **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.
9. **It is the patient's 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 during healing, 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 immediate 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 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 Dr. \_\_\_\_\_ to render the dental treatment necessary or advisable to my dental condition(s), including administering and prescribing all anesthetics and/or medications.

**CONSENT FOR IMMEDIATE COMPLETE DENTURES AND PARTIAL DENTURES**  
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\_\_\_\_\_  
Patient's name (please print)

\_\_\_\_\_  
Signature of patient, legal guardian  
or authorized signator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to signature

\_\_\_\_\_  
Date

(Rev. 5/03)

**CONSENT FOR FINAL PROCESSING**

I have been given the opportunity to view a wax replication of my 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 I give Dr. \_\_\_\_\_ my consent for final processing and acknowledge my approval of the appearance.

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Signature of patient, legal guardian or  
authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date