

Informed Consent Discussion for Complete Dentures

Date:

Name:

Diagnosis:

Proposed Treatment:

Fabrication of complete denture.

Treatment involves making impressions that record the shape of your jaw(s) and soft tissue that will support the new denture(s). Then records are made of the relationships of your maxillary (upper) and mandibular (lower) jaws, and the tooth color and shape are selected. From these records, denture/dentures will be fabricated. This process requires a minimum of 5 visits. You will have the opportunity to approve the shape and color of the teeth, as well as the overall appearance of the denture in your mouth before the denture(s) are finished. A limit of three wax try-ins will be performed before a charge is imposed, as of 2019 our denture modification fee is \$102.00 per additional visit.

Benefits and alternatives:

The proposed treatment is intended to provide an esthetic and functional replacement of the missing teeth in either or both jaws (upper/lower). An alternative to a complete denture is to place implants into the jaw bone. Such implants provide retention, support and stability for the denture.

Common risks:

1. Compromised chewing efficiency: Complete dentures, under the best of circumstances, do not have the same chewing efficiency as natural teeth. They are removable and are have less strength than natural teeth .
2. Stain and denture odor: The pink acrylic portion (denture base) of the denture is a plastic material and has a minor amount of porosity which can collect stains, debris/plaque and odor. Therefore, it is imperative to frequently and thoroughly clean your dentures for the health of your gum tissue as well as elimination of denture odor.
3. Broken denture or denture teeth: Dentures and denture teeth are fabricated from resin (plastic) materials and are subject to breakage, particularly if dropped or if you bite a hard object. With normal use and care of your denture the chance of breakage is minimal.
4. An upper denture opposed by lower natural teeth: Upper dentures opposed by lower natural teeth are more subject to breakage. Accurate determination of whether this fracture will occur prior to fabrication of the denture is not reliable. Repair of a fracture may reoccur and is not a satisfactory solution. A new denture with a cast metal palate may be required to solve the problem of fracture. If a new denture with cast metal palate is required, it will be fabricated at your expense.
5. Sore spots: It is rather common to have some sore spots on the gums after placement of new dentures. The sore spots can be relieved by adjustment of the denture. Any adjustments to the denture should only be made by a dentist. Three adjustments are included with the denture fee during the first 3 months after delivery and after this, our adjustment fee as of 2019 is \$102.00 per visit.
6. Relines: The shape and size of the gum tissue, and bone underneath changes with time. A reline procedure readapts the pink acrylic portion (denture base) of the denture to the new shape and size of the gum tissue. Typically, a reline is necessary every three to five years. However, this period of time can vary depending upon many individual factors. Relines are not included in the original denture fee and would be provided at your expense.

Consequences of not performing treatment:

If this treatment is not performed, your appearance, facial contours, and ability to properly chew food will be compromised. Some nutritional and gastro-intestinal problems could result from improper chewing of foods. You could also develop discomfort to your jaw joints.

No guarantee and Patient Endorsement:

No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve the condition(s) listed above. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for these services have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize my Doctor to render any treatment deemed necessary, desirable, and/or advisable to me, including the administration and/or prescribing of any anesthetics and/or medications. I am informed that there are three (3) adjustments included with this service and that all other visits after 90 days or 3 adjustments; after this period, I understand that I am responsible for all fees incurred with this denture.

_____ (Patient Initials)

_____ I have been given the opportunity to ask questions and give my consent for the proposed treatment as described above.

OR

_____ I refuse to give my consent for the proposed treatment(s) as described above and understand the potential consequences associated with this refusal.

Patient Signature Date

I attest that I have discussed the risks, benefits, consequences, and alternatives of complete dentures with _____ (patient's name) who has had the opportunity to ask questions, and I believe my patient understands what has been explained.

Dentist's Signature Date

Witness's Signature Date