

Informed Consent Discussion for Immediate Complete Dentures

Patient Name: _____ Date: _____

Diagnosis: _____

Requested: _____

Attributes: _____

Proposed Treatment:

An immediate denture is a denture that is constructed for placement immediately following the removal of natural teeth. Immediate dentures may be fabricated for the maxillary (upper) or mandibular (lower) arch (jaw) or a combination of both.

An alternative option is the posterior teeth are removed and the gums allowed healing prior to fabrication of an immediate denture. This is done to facilitate a more accurate final impression of the tissues associated with the posterior teeth. The healed posterior tissues will provide a more stable support for the denture(s) upon placement. Treatment involves making impressions that record the shape of your jaw(s) and soft tissue that will support the new denture(s). Then jaw records are made of the relationships of our maxillary (upper) and mandibular (lower) jaws, and the tooth color and shape are selected. From these records, denture will be fabricated. This process requires multiple visits. A temporary liner will be placed after teeth are removed and denture placed, which will require additional replacement during healing and after first liner placed at an additional cost that is listed in the treatment plan.

Benefits and Alternatives:

Immediate dentures are placed immediately following extraction of the natural teeth which eliminates the period of time without teeth. Immediate denture(s) aid in the healing process by protecting and splinting the wounds that result from extraction of the teeth. 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 the complete denture is to place implants into the jaw bone. Such implants provide retention, support and stability of the denture and the denture can be fixed or removable.

Common Risks:

1. Bulky dentures: Complete dentures have to be made “oversize” to fit over existing tissues. Unnatural bulk may be created, especially in the upper, which results in the upper lip appearing slightly swollen.
2. Esthetics: Since the immediate denture is fabricated without an esthetic try-in of waxed-up dentures, you will not have an opportunity to see and approve the appearance of the denture in the mouth prior to fabrication.
3. Compromised chewing efficiency: Removable dentures, under the best of circumstances, do not have the same chewing efficiency as natural teeth.
4. Stain and denture odor: The pink acrylic portion (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 that regular and thorough cleaning of your denture(s) be performed to aid in the health of your gum tissue as well as elimination of denture odor.
5. 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.
6. 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 breakage will occur prior to fabrication

of the denture is not reliable. Repair of a break will usually reoccur and is not a satisfactory solution. A new denture with cast metal palate may be required to solve the problem of breakage. If a new denture with cast metal palate is required, it will be fabricated at your expense.

7. 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.
8. Relines: Due to shrinkage of the gum and bone underneath, immediate dentures lose their "fit" in a short period of time as the healing process progresses. A reline procedure readapts the pink acrylic portion of the denture to the new shape and size of the gum tissue.
 - A. Chairside/soft reline(s): Soft reline(s) placed at intervals determined by the dental provider may be included in the original fee of the immediate denture. How often and the length of time before a laboratory processed/hard reline is required will be determined by the dental provider.
 - B. Laboratory processed/hard reline(s): Hard reline(s) are placed at the direction of the dental provider and are not included in the original immediate denture fee. These relines that are provided are at your expense. However, if there are esthetic concerns of the setup of the teeth -, these changes need to be made in a new denture and the reline will not be completed until denture is approved by patient.
9. Post placement care: Follow-up care, i.e. adjustments after placement of immediate dentures, will be provided for a period of 3 months at no cost to you. Any adjustments of the denture(s) after this period will be at your expense.

Unique factors associated with Immediate Complete Dentures:

1. Interim Immediate Denture(s): Dentures that are fabricated to be worn during the "interim" period between the extractions and healing of the gums and bone.
 - A. Advantages:
 - i. Usually, the dentures can be fabricated earlier than immediate dentures because of the transitional nature of this denture.
 - ii. Interim Immediate Dentures give the dentist and the patient a chance to "try out" tooth color, teeth arrangement, and bite schemes, etc. with the option to changes in the subsequent definitive denture.
 - B. Disadvantages:
 - i. Total cost of treatment is greater. Most insurance plans only pay benefits for one set of dentures.
 - ii. Interim Immediate Denture(s) are inserted with the expectation that they will be replaced, in four to eight months, with a definitive prosthesis made to fit the healed, stabilized ridges (gums). These definitive denture(s) would be provided at your expense.
2. Immediate Denture(s): Immediate Denture(s) are fabricated using the more detailed procedures employed when fabricating definitive denture(s) and are expected to last for a longer period time than Interim Immediate Complete Denture(s).
 - A. Advantages:
 - i. Total treatment cost may be less than an interim immediate denture.
 - ii. May be the only feasible treatment for insurance reimbursement.
 - B. Disadvantages:
 - i. Longer waiting time between posterior extractions and fabrication of immediate denture than an interim immediate denture..
 - ii. Immediate denture(s) are inserted with the expectation that they will be refitted with a laboratory processed reline(s) after healing of the ridges (gums) is complete which may occur within several months a year. These relines tend to add excess thickness and weight to the upper denture. Laboratory reline(s) are 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 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's Signature Date

I attest that I have discussed the risks, benefits, consequences, and alternatives of immediate 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' Signature Date