



CONSENT FOR REMOVABLE PROSTHODONTICS

I **understand** that removable prosthetic appliances (partial or complete dentures), are designed to replace missing teeth of the upper and/or lower jaw, and will require several appointments before final delivery.

_____ **Interim Partial Denture (Flipper):** a custom-made removable, all acrylic denture that is used to temporarily replace one or more missing teeth and create satisfactory phonetic, esthetic, and occlusal relationship until a final prosthesis can be made.

_____ **Partial Denture:** a custom-made removable, all acrylic or metal-acrylic hybrid denture used to replace one or more missing teeth and to create satisfactory phonetic, esthetic, and occlusal relationship, using existing teeth for retention and stability.

_____ **Complete (Full) Denture:** a custom-made removable, all acrylic denture used to replace all the teeth in the upper and/or lower jaw and to create satisfactory phonetic, esthetic, and occlusal relationship, using the patient's jaw bone and muscles to remain for retention and stability. Traditional dentures are made following complete bone and gum healing.

_____ **Immediate (Full) Denture:** a custom-made removable, all acrylic denture used to replace all the teeth in the upper and/or lower jaw and to create satisfactory phonetic, esthetic, and occlusal relationship, using the patient's jaw bone and muscles to remain for retention and stability. Immediate complete dentures are made prior to the removal of all remaining teeth.

Even though care and diligence will be exercised by my treating dentist and their staff, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Denture Failure:**

- **Partial Denture:** Many variables may contribute to failure of partial dentures. This includes problems related to the denture(s) themselves, in addition to: (a) natural teeth may become tender, sore, and/or mobile; (b) natural may decay or erode around the clasps/attachments; (c) the tissues supporting the abutment teeth may fail.
- **Complete (Full) Denture:** Many variables may contribute to failure of full dentures: (a) gum tissues cannot withstand the pressures placed upon them, resulting in excessive tenderness or sore spots; (b) jaw ridges which may not provide adequate support and/or retention due to bone loss; (c) muscles of the tongue, floor of the mouth, cheeks, and lips may not adapt to accommodate the artificial appliances; (d) excessive gagging reflex; (e) excessive saliva or dryness of mouth; (f) general psychological and/or physical problems interfering with success.
- **Immediate (Full) Denture:** The goal of immediate denture(s) is the immediate replacement of teeth the same day as tooth extractions. They should not be seen as the final product since the underlying bone and gum will change during the healing process, causing the immediate denture(s) to loosen. A relines is expected to be needed within six months after delivery of the prosthesis, and possibly a new set of dentures a few months after. **Fees for laboratory relines are not included in the price of the immediate dentures.**

2. **Failure of supporting teeth and/or soft tissues:** Natural teeth supporting partials may fail due to extensive decay, excessive trauma, or gum/bony tissue problems, and require extraction. If abutment teeth require extraction, fabrication of a new denture may be required to accommodate the remaining abutment teeth. The supporting soft tissues may also fail due to many problems including poor dental or general health.

Initials _____

3. **Tooth modifications:** In the case of partial dentures, some natural teeth may require modifications in order to prepare them to receive the prostheses; this involves minor tooth adjustments performed with a dental hand piece and could, though very rarely, lead to tooth sensitivity.

4. **Loose dentures:** Dentures normally become looser over time when there are changes in the supporting gum tissue and underlying bone due edentulism (lack of teeth) or partial edentulism. Dentures themselves do not change unless subjected to extreme heat or dryness. Partial dentures become loose for the listed reasons in addition to clasps and other attachments loosening. When dentures become loose, a procedure known as a “reline” may be necessary. **Fees for laboratory relines are not included in the price of complete or partial dentures.**

5. **Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and artificial dentures. Most patients usually become accustomed to this feeling in time; however, some patients have great difficulty adapting to complete dentures. No guarantee can be made that a patient will be able to successfully and comfortably wear a well-constructed denture.

6. **Breakage:** Due to the types of materials used in the construction of these appliances, breakage may occur even though the materials used were not defective. Factors which may contribute to breakage: (a) chewing excessively hard foods or objects; (b) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures; (c) cracks which may be unnoticeable and which occurred previously, or (d) the dentures having been dropped or damaged previously. The above may also cause extensive denture tooth wear or chipping.

7. **Allergies to denture materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in the construction of either partial dentures or complete dentures, over which we have no control.

8. **Failed expectations:** It is important to set realistic expectations regarding the outcome of removable prostheses and understand that removable dentures are usually a compromised treatment option; alternative superior options may include fixed tooth-supported bridges, implant-supported bridges, or implant-supported dentures. With removable dentures, loss of taste perception and efficiency chewing are common. Please understand that removable dentures are designed to substitute missing teeth in the most cost-effective manner and should not be considered a replacement for the natural dentition.

PATIENT RESPONSIBILITY: It is the patient’s responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must follow all instructions, and return for any adjustments to the denture(s) and regular dental checkups for the dentist to assess the fit of the prostheses and health of the tissue and any remaining teeth.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of dentures, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent’s dental conditions.

Patient’s Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness’ Signature

Date