



CONSENT FOR PROCESSING OF REMOVABLE PROSTHODONTICS

I have been given the opportunity to view my removable prosthesis - partial denture(s) and/or complete dentures - prior to the final fabrication processing. I approve of the color, shape, feel, and overall appearance of my dentures. I understand that once the dentures are processed the color, shape, feel, and overall appearance cannot be changed without additional, and possibly significant, time being taken and additional fees assessed.

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to send said dentures for final processing.

Patient's Name (please print)

Signature of legal guardian, or authorized representative

Date

Witness' Signature

Date