

CONSENT FOR DENTAL TREATMENT (DENTURES)

I have the right to be informed about my diagnosis and planned treatment so that I can make a decision to undergo treatment after knowing the expectations and risks involved.

This Consent for Dental Treatment for the placement of dentures is given to Dr. _____ ("the Dentist") after first having been provided with a full explanation of my diagnosis, the proposed treatment, the alternatives, benefits, and risks of the proposed treatment, and the opportunity to ask questions.

PLANNED TREATMENT

The Dentist has recommended that I replace my missing teeth or my teeth that need to be extracted with the following dentures:

☐ **Immediate dentures** ☐ **Complete dentures** ☐ **Partial dentures** ☐ **Overdentures**

Immediate dentures are interim or temporary dentures that are inserted at the time of extraction of the teeth. Before extraction, the Dentist will take an impression of my existing teeth and gums to use for the construction of the immediate denture. Following extractions, my gums and bones will shrink and my immediate denture will need to be relined. During the healing process, the dentures will shift causing looseness and discomfort. Occasional adjustments will be required during this phase.

Complete denture is a removable prosthesis that replaces all the teeth in an arch. Complete dentures rest directly on the gum.

Partial dentures can replace one or more missing teeth. Partial dentures usually consist of artificial teeth attached to pink or gum-colored bases connected by a metal framework. The partial dentures attach to natural teeth with metal clasps or precision attachments. Crowns on my natural teeth may be required and can help improve the fit of the partial denture.

Overdentures are dentures that fit over remaining natural teeth or implants. Natural teeth will need to be prepared and shaped prior to fitting an overdenture to them. This may require root canal treatment.

ALTERNATIVES

Alternatives to dentures are _____

BENEFITS

Dentures can improve the look of my smile and fill out the appearance of my face and profile.

Esthetic appearance and the ability to speak and eat may be restored.

A partial denture may help preserve the placement of my existing teeth.

Immediate dentures will help me to avoid being without teeth following extraction.

Using natural teeth or implants and replacing missing teeth with an overdenture helps to improve the stability of the denture.

RISKS AND COMPLICATIONS

Risks and complications associated with wearing dentures include, but are not limited to, the following:

- Chewing efficiency may be diminished.
- Common problems with dentures include sore spots, altered speech, and difficulty eating.
- Instability of dentures.
- Immediate dentures may be uncomfortable.

Consent for Dental Treatment (Dentures)

- Immediate dentures require frequent adjustment and one or more permanent relines within several months. Failure to keep appointments may result in a less desirable result.
- The fit of my dentures may change over time. If my dentures do not fit properly, the Dentist may need to repair or replace them.
- Additional bone loss in my ridge may occur from ill-fitting dentures.
- Natural teeth will need to be prepared and shaped prior to fitting an overdenture to them. This may require root canal treatment.

There is no guarantee of a successful outcome.

CONSENT

By signing this consent form, I acknowledge that I have read and understand this Consent for Dental Treatment for the placement of dentures, and that I have asked and had answered all of my questions, if any, in a satisfactory manner.

I have read and understand the risks and complications associated with dentures.

I understand that the potential risks are not limited to those described above.

I understand that there is no guarantee of a successful outcome.

I understand that this is an elective procedure, and that I have a choice of other forms of treatment or no treatment at all.

If this Consent is signed by a personal representative on behalf of the patient (for example, a parent or guardian), his/her relationship to the patient and authority to act on behalf of the patient must be set forth here:

Relationship to Patient: _____

Basis of authority to act: _____

I authorize the Dentist to perform dental treatment for the placement of dentures, as described above.

Print Name

Date

Signature