

INFORMED CONSENT DISCUSSION FOR DENTURES:

Patient Name: _____ Date of Birth: _____

DIAGNOSIS: _____

Facts for Consideration

(Patient's Initials Required)

Candidates for prosthetic devices (dentures) have lost most or all of their teeth. Dentures designed to replace teeth of an upper or lower jaw. The following types of dentures have been discussed:

- 1) CONVENTIONAL (removable) – placed in the mouth after all the teeth have been removed and the extraction site have healed, usually six to eight weeks after extraction
- 2) IMMEDIATE - placed at the time the teeth are extracted. To make this possible, measurements and models are taken during the preliminary visit. However, bones and gum can shrink over time, especially during the healing period which is the first six months after extraction on teeth. When gums shrink, Immediate dentures may require rebasing or relining to fit properly.
- 3) PARTIAL – a removable appliance usually composed of framework, artificial teeth, and acrylic material. It fills in the spaces created by missing teeth and prevents other teeth from shifting.
- 4) OVERDENTURE – a type of removable denture that is supported by a small number of remaining natural teeth or implants. Natural teeth must be prepared (reshaped) to fit the overdenture and provide stability and support for the denture.

OPTION(S) CHOSEN: _____

Risks of Dentures, Not Limited to the Following:

_____ **I understand** that the stability and retention of the denture(s) depend on many factors, including the attachment and fit of the denture(s) to natural teeth. The teeth acting as support will be filed down along the chewing surface and side to make room for the denture(s).

_____ **I understand** that when using natural teeth as support, my dentist will anesthetize (numb) my teeth and the gum tissue around my teeth.

_____ **I understand** that holding my mouth open during treatment may temporarily leave my **jaw feeling stiff and sore** and may make it difficult for me to open wide for several days. However, this can occasionally be an indication of a further problem. **I must notify your office** if this or other concerns arise.

_____ **I understand** that there may be gum soreness or discomfort under the denture(s). This can be relieved by the dentist with adjustments and tissue treatment. It may take several appointments before the denture(s) fit comfortably.

_____ **I understand** that the new denture(s) may feel awkward for a few weeks until I become accustomed to wearing them, and the denture(s) may feel loose while my cheek muscles and tongue learn to keep them in place.

_____ **I understand** that my dentist will make every attempt to create a natural appearance for the denture(s), however, it may not be possible for the denture(s) to support my lip and facial contours perfectly.

- _____ **I understand** that eating with the denture(s) will require practice. My dentist have recommended I start with soft food cut into small pieces and chew slowly, using both sides of my mouth at the same time, to prevent denture(s) from tipping. I understand that I need to be cautious when eating chewy, hot, or hard food (i.e., apples, popcorn, raisins, candy).
- _____ **I understand** that pronouncing certain words may take practice. I can do this by reading aloud and repeating troublesome words. Sometimes, the denture(s) will slip when I laugh, cough, or smile. I can reposition the denture(s) by gently biting down and swallowing. If a speech problem persists, I will call my dentist for consultation.
- _____ **I understand** that similar to natural teeth, my denture(s) require daily brushing to remove food deposits and plaque. My dentist has explained to me how to best care for my denture(s) and which products to use. I have to brush my gums, tongue, and palate with soft bristled brush before wearing my denture(s). If I do not properly clean or care for my denture(s), they may stain, develop odor, and affect the way food tastes.
- _____ **I understand** that any adjustment I make to my denture(s) can compromise the denture(s) which can cause gum and cheek irritation and soreness. If my denture(s) chip, crack, break, or becomes loose, I will contact my dentist immediately. Glue bought over-the-counter to repair broken denture(s) often contain harmful chemicals and should not be used. Adjusting my denture(s) on my own is not advised and may result in permanent change to the denture(s) that will affect their fit and function. This may also result in the need to remake the denture(s), which I understand will be at my expense.
- _____ **I understand** that I am required to keep regular care appointment with my dentist to maintain good oral health and ensure my denture(s) retain their proper fit and function.
- _____ **I understand** that although it is impossible to guarantee perfect results, every reasonable effort will be made to ensure the success of my treatment.

Patient / Representative Name and Signature

Date

Witness Signature

Date

FOR DENTIST USE ONLY:

I attest that I have discussed the risks, benefits, consequences, and alternatives to Dentures with:

_____ (patient name) who has had the opportunity to ask questions, and I believe my patient understand what has been explained.

Dentist Signature

Date