

INFORMED CONSENT FOR REMOVABLE PROSTHODONTICS - DENTURES (FULL, PARTIAL, IMMEDIATE)

I have been made aware of the condition of my mouth requiring fabrication of a removable denture(s) (Upper, Lower, Full, Partial, Immediate) in the opinion of my dentist: _____

Procedure

A denture is a fabricated prosthesis (made of acrylic, or a combination of metal and acrylic) to replace some or all of my missing teeth. The procedure typically requires several appointments during fabrication and adjustments, and may take several weeks to complete.

Alternative Treatment Options

I understand the alternatives to denture(s) may include restorative treatment (periodontal therapy, endodontic (root canal) treatment, crowns, bridges, implants, etc.) or no treatment at this time. I realize that postponement of treatment may result in future pain, infection, bone loss, and/or loss of the tooth/teeth.

Risks and Limitations

I understand that dentures are not natural teeth and may not function like natural teeth. Becoming accustomed to wearing, functioning, and speaking with dentures takes time, effort, and commitment on behalf of the patient. Dentures may, at times, feel loose or become loose due to changes in the supporting structures of the jaw(s) and remaining teeth, if any. I accept and understand that denture (partial or full) treatment results are subjective; thus, the outcome of my Treatment Plan may not completely meet my expectations. I accept and understand that dentures (full or partial) made within six (6) months of tooth/teeth extraction(s) may become ill fitting as the gum tissues around the extraction site(s) shrink, which may require the denture to be relined or replaced at an additional cost. I accept and understand that if gum tissue shrinkage occurs, the denture (partial or full) could become difficult to wear, and could require the aid of denture adhesive in order to be worn. I understand that my dentures, implants and/or natural teeth (specifically with partial dentures) still require regular brushing, flossing and continued care. Dentures (full overdentures or partial dentures) do not protect my teeth, supporting bone and gum tissue from decay or periodontal disease. **I accept and understand that the final opportunity to make a change in my denture (including shape, fit, size, placement or color) is during the “Wax Try-in” visit. I understand that once I agree to have the denture finished at the “Wax Try-in” visit, the design and appearance of the denture are “locked in”, and any changes after this time will incur additional costs that could be significant and may require the denture to be remade at my expense (full cost of new denture).** Adjustments are often needed with new dentures, and will be included in the original fee for 30 days following delivery of the dentures, after which our regular adjustment fee will be incurred.

Risks and Limitations of this, and any, denture are as follows:

- Looseness of denture
- Difficulty wearing denture
- Food particles slipping under denture
- Soreness of gum tissues
- Shrinkage of gum and bone
- Use of denture adhesive
- Breakage or wear of denture
- Need for reline, readjustment or replacement (additional cost)
- Change in speech or appearance

INFORMED CONSENT: I understand English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I have been informed of and am fully aware of all alternative treatment options. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. I understand that the practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Advanced Dental Concepts will take every action to provide the highest level of care, but have made no guarantees of a successful outcome. If a problem develops, it is my responsibility to notify the doctors and/or staff of Advanced Dental Concepts. Through this notification, Advanced Dental Concepts will be able to act on my behalf. Attempts to correct a problem may occur at this office or a referral to another health care practitioner may be warranted. Any medications dispensed or prescribed are my responsibility to understand before taking. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects. I understand that antibiotics may interfere with birth control medication, and further measures to prevent pregnancy may be necessary. The fees for proposed services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Advanced Dental Concepts in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Patient Name (Printed)

Date of Birth

Patient (Parent/Guardian) Signature

Date

Doctor/Staff Signature

Date



POST-OPERATIVE INSTRUCTIONS FOR REMOVABLE PROSTHODONTICS - DENTURES (FULL, PARTIAL, IMMEDIATE)

New Dentures:

- *Most new dentures require an adjustment period. This period will require the patient and the dentist to work together for the best result for you and your dentures.*
- *Start slowly with a new denture. Eat easier, softer foods first before attempting to chew more challenging foods. Also, practice speaking with your new teeth. Even if your new dentures are very similar to a previous set, there will be differences that will require you to learn to eat and speak again.*
- *Dentures will not fit as well as they can initially. It generally takes several days for a new set of dentures to settle into the tissue of the mouth.*
- *After several days of trial wear with a new set, you will generally be instructed to return to your dentist for a check. Adjustments can then be made based on your experiences. Any soreness of the gums, looseness, difficulties with chewing, or difficulties in speech can be evaluated. Your dentist can then make any necessary adjustments or give you suggestions for dealing with any concerns that you have.*
- *The most important way of caring for your dentures is to brush them at least once a day – inside and out! You can use a soft tooth brush or special denture brush. Regular toothpaste will work well. Occasional soaking in a denture cleansing solution can also be helpful. Generally, soaking on a weekly basis followed by a thorough brushing will be adequate.*
- *Take care not to drop your dentures when cleaning them. It is helpful to clean your dentures over a washcloth or over a sink full of water to prevent breaking the denture if dropped.*
- *Dentures require regular professional care. We suggest that all denture patients have their dentures and gum tissue checked on a yearly basis. This assures that any problems are identified and corrected before damage is done to the mouth. Adjustments and relines can be made to the dentures that will keep them working and fitting well for a longer period of time.*
- *Most often, it is best to sleep with dentures out of the mouth. This gives the tissues of the mouth a chance to breathe, and will help avoid bacterial and fungal colonies from developing under your dentures. In some instances, a patient's jaws or muscles need the support of dentures while sleeping. These patients will feel better sleeping with their dentures in place.*

Immediate Dentures:

Immediate Dentures involve the fabrication of the dentures prior to the removal of existing teeth. This type of procedure adds some complexity to the treatment as the new dentures cannot be tried in accurately prior to final delivery. Therefore, there is some amount of "guess work" and variability incorporated into the lab's fabrication and finishing of the case. Also, immediate dentures require extractions much sooner than 6 months prior to the delivery of the denture, and the bone and supporting structures in the mouth will exhibit significant resorption and shrinkage shortly after delivery of the dentures. This results in a denture that can become much looser in the initial months following treatment. A reline, and sometimes, a new permanent denture, will be recommended within the first 12 months following initial treatment.

Your dentist may also have some special instructions for you if you have had an immediate denture procedure completed. These instructions may include an immediate follow up appointment within 1-3 days following the extractions/delivery appointment to check for healing and sore spots that may require adjustments. Your dentist may also suggest that you wear the dentures overnight for a period of time following the surgical procedure.

Partial Dentures:

Partial dentures must be removed 2-3 times per day and the remaining teeth brushed and flossed, as the partial denture will not protect remaining teeth from decay or periodontal disease.

Full Lower Dentures:

Full lower dentures often don't fit as tightly as an upper denture. Should you experience severe looseness of your lower denture, please inquire about mini implant anchors for the lower jaw. Implant supported dentures can often provide you with a much more natural feel and security while eating and talking.

If you have existing dentures and have any questions about the fit or appearance of your teeth, call our office for an evaluation appointment today!

