Patient Name: _____ Treatment Date: _____ Tooth/Teeth/Upper/Lower: _____

Consent for Treatment: Dentures, Partials, and Extractions

I understand that removable dentures and partial dentures are custom-made dental prostheses designed to replace missing teeth and restore function and appearance.
I acknowledge and understand the following:

Treatment Expectations

- Removable dentures and partial dentures are among the most technically challenging procedures in dentistry.
- Every patient's mouth heals and adapts differently, and achieving the best possible fit may require multiple adjustment appointments.
- No denture or partial denture can be guaranteed to fit perfectly on the first insertion.
- I understand that I may experience soreness, pressure spots, changes in speech, increased saliva, difficulty chewing, and other temporary discomfort as I adjust to wearing my appliance.
- My cooperation with follow-up appointments is essential for successful treatment.

Adjustment Appointments

- If I am scheduled for a denture or partial denture fitting or adjustment, I agree to bring my denture or partial denture with me to the appointment.
- I understand that adjustments cannot be performed if the appliance is not present.
- I am encouraged to bring a snack (such as crackers or another easy-to-chew food) to my adjustment appointment so the fit and function of my denture can be evaluated while chewing.

Immediate Dentures (After Extractions)

If I choose to receive an immediate (temporary) denture following tooth extractions, I understand the following:

- An immediate denture is placed immediately after my teeth are removed.
- I must wear the immediate denture continuously for the first 24 hours and must not remove it unless specifically instructed by my dentist.
- After 1 to 2 weeks, I should return for my scheduled follow-up appointment so the denture can be removed, the extraction sites evaluated, and any necessary adjustments made.
- I understand that swelling begins immediately after extractions. Removing the denture too soon may prevent me from being able to reinsert it because swelling can make the denture difficult or impossible to place.
- The immediate denture acts as a protective bandage, helps control swelling, promotes healing, and assists the gums in forming to the shape of the denture.
- As my gums heal and bone changes occur, my denture will loosen over time. Additional adjustments, relines, or replacement of the denture may be necessary.

Post-Extraction Instructions

To promote proper healing after extractions, I agree to:

- Do not smoke or use tobacco products.

Patient Name: _____ Treatment Date: _____ Tooth/Teeth/Upper/Lower: _____

- Do not drink alcoholic beverages.
- Avoid forceful spitting.
- Do not rinse my mouth vigorously during the first 24 hours unless instructed by my dentist.
- Follow all written and verbal postoperative instructions provided by the dental office.

Failure to follow these instructions may delay healing and increase the risk of complications, including dry socket, infection, discomfort, or poor denture fit.

Implanted Dentures

Maintenance: Implanted dentures require ongoing maintenance. Annually, the gum tissue around each implant and the implant cavity should be professionally cleaned. Wearable components such as O-rings, locators, or abutments may need periodic replacement or adjustment; replacements will be performed as needed and may incur additional costs. Regular checkups help detect issues early and preserve implant longevity.

Warranty

I acknowledge that I have received, read, and understand the practice's Standard Denture/Partial Warranty, which is incorporated into this consent form by reference. I understand the terms, limitations, and exclusions of the warranty and agree to comply with all recommended follow-up care to maintain warranty coverage.

Consent

I have had the opportunity to ask questions regarding my denture or partial denture treatment. My questions have been answered to my satisfaction. I understand the benefits, limitations, possible complications, postoperative instructions, and the need for future adjustments. I voluntarily consent to treatment.

This limited warranty does not apply if problems result from:

- Failure to attend recommended follow-up or adjustment appointments.
- Failure to follow postoperative or home-care instructions.
- Loss, theft, or accidental damage to the denture or partial.
- Dropping, cracking, chipping, or breaking the appliance.
- Alteration, repair, reline, or adjustment performed by another dental office or laboratory.
- Changes in the fit caused by significant bone loss, gum shrinkage, weight changes, medical conditions, medications, or normal healing following extractions.
- Trauma or injury to the mouth or prosthesis.
- Failure to properly clean, store, or maintain the appliance.

If the denture or partial denture is lost, broken beyond repair, or requires replacement for reasons not covered under this limited warranty, a new appliance will be fabricated at the current fee.
Immediate dentures are temporary prostheses designed to be worn during the healing period following extractions. As the gums and underlying bone heal, the fit of the immediate denture will change. Additional adjustments, relines, rebases, or replacement may be necessary and may involve additional fees unless otherwise specified in the patient's treatment plan.

Dentures, Partials, Extractions

Patient Name: _____ Treatment Date: _____ Tooth/Teeth/Upper/Lower: _____

Warranty coverage does not include refunds, reimbursement for treatment completed elsewhere, transportation expenses, lost wages, pain and suffering, or reduced fees for future dental procedures. This limited warranty is non-transferable and applies only to treatment performed by our office.
I have read and understand the above Limited Warranty and Financial Policy and agree to its terms.

Patient Signature: _____ Date: _____

Dentist Signature: _____ Date: _____