

Informed Consent For Full & Partial Dentures

I understand that removable prosthetic appliances (partial/full artificial dentures) include risk and possible failures associated with such dental treatment. I agree to assume those risks and possible failures associated with, but not limited to, the following: Even though the utmost care and diligence are exercised in preparation for, and fabrication of prosthetic appliances, there is the possibility of failure with patients not adapting to them.

- **Failure of full dentures:** There are many variables that may contribute to this, such as: (1) Gum tissue that cannot bear the pressures placed upon it, resulting in excessive tenderness and sore spots. (2) Jaw ridges, which may not provide adequate support and/or retention. (3) Musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the artificial appliances. (4) Excessive gagging reflexes. (5) Excessive saliva or excessive dryness of the mouth. (6) General psychological and/or physical problems interfering with success.
- **Failure of partial dentures:** Many variables may contribute to the unsuccessful utilisation of partial dentures/removable bridges. The variables may include those problems related to failure of full dentures, in addition to: (1) Natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore, and/or mobile. (2) Abutment teeth may decay or erode around the clasps or attachments. (3) Tissue supporting the abutment teeth may fail.
- **Breakage:** Due to the type of materials that are necessary in the construction of these appliances, breakage may occur even though the materials used were not defective. Factors which may contribute to breakage are: (1) Chewing on food or objects which are excessively hard. (2) Cracks which may be unnoticeable and which occurred previously from causes such as those mentioned in (1 and 2), or the dentures having been dropped or damaged previously. The above may also cause extensive denture tooth wear or chipping.
- **Loose dentures:** Full dentures normally become looser when there are changes in the supporting gum tissues. Dentures themselves do not change unless subjected to extreme heat or dryness. When dentures become "loose", relining the dentures may be necessary. Normally, it is necessary to charge for relining dentures. Partial dentures become loose for the listed reasons in addition to clasps or other attachments loosening. Sometimes dentures feel loose for other reasons (see paragraph 1).
- **Allergies to dental materials:** Very infrequently, the oral tissue may exhibit allergic symptoms to the materials used in the construction of either partial or full dentures, over which we have no control.
- **Failure of supporting teeth and/or soft tissue:** Natural teeth supporting partials may fail due to decay, excessive trauma, gum tissue, or bone tissue problems. This may necessitate extraction. The supporting soft tissues may fail due to many problems, including poor dental or general health.
- It is the patient's responsibility to seek attention when problems occur and do not lessen in a reasonable amount of time. It is also the patient's responsibility to be examined regularly to evaluate the dentures, the condition of the gums, and the patient's oral health.

Informed Consent

I have been given the opportunity to ask any questions regarding the nature and purpose of artificial dentures. I have been given alternative treatment options, including dental implants, and have received answers to my satisfaction. I do voluntarily assume any and all possible problems and risks associated with a denture, including risk of substantial harm, if any, which may be associated with any phases of this treatment, in hopes of obtaining the desired potential outcomes, which may or may not be achieved. No guarantees or promises have been made to me concerning the results relating to my ability to utilise artificial dentures successfully, nor to their longevity. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I freely give my consent to authorise my dentist to render the dental treatment necessary and/or medication, making of photographs and radiographs, and any treatment deemed necessary.

Date consent form given to patient

Date consent form returned to dentist

Patient Name

Patient Signature