

INFORMED CONSENT FOR FULL AND PARTIAL DENTURES

I (print name) _____ understand that removable full and partial dentures include risks 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 is exercised in preparation for the fabrication of prosthetic appliance, there is the possibility of failure with patients not adapting to them.

FAILURE OF FULL DENTURES-There are many variables which may contribute to this possibility such as: A) gum tissues which cannot bear the pressures placed upon them resulting in excess tenderness and sore spots, B) jaw ridges which may not provide adequate support and/or retention, C) musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the artificial appliances, D) excessive gagging reflex, E) excessive saliva or excessive dryness of the mouth, F) general psychological and/or physical problems interfering with success.

FAILURE OF PARTIAL DENTURES-Many variables may contribute to unsuccessful utilizing of partial dentures. The variables may include those problems related to failure of full dentures, in addition to A) natural teeth to which partial dentures are anchored (abutment teeth) may become tender, sore and/or mobile, B) abutment teeth may decay or erode around the clasps or attachments, C) tissues supporting the abutment teeth may fail.

BREAKAGE-Due to types of materials which 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, A) chewing on food or objects which are excessively hard, B) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures, C) cracks which may be unnoticeable and which occurred previously in causes mentioned in A & B, or the dentures having been dropped or damaged previously. The above may also cause wear or chipping.

LOOSE DENTURES-Full dentures normally become looser when there are changes in the supporting gum tissue. 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 reason in addition to clasps or other attachments loosening. Sometimes feel loose for reasons listed in the first paragraph.

ALLERGIES TO DENTURE MATERIALS-Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of either partial dentures or full dentures over which we have no control.

FAILURE OF SUPPORTING TEETH AND/OR SOFT TISSUES-Natural teeth supporting partials may fail due to decay, excessive trauma, gum tissue or bony 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, also to be examined regularly to evaluate the dentures, condition of the gums, and the patient's oral health.

The nature and purpose of this treatment has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with treatment cannot be guaranteed. In view of the above information, I authorize Dr. Scott Thompson and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all anesthetics and/or medications. I have provided as accurate and complete a medical and personal history as possible, including medical history and medical conditions, antibiotics, drugs, or other medications I am currently taking as well as those to which I am allergic. I will follow any and all post treatment instructions as explained and directed to me.

Patient's signature (or guardian)

Date

Doctor

Date

Witness

Date

