The recommended treatment for you is _______________________________________________________________

We are pleased that you have chosen us to be your oral health care provider. In order for us to provide optimal treatment it is necessary for you to understand our types of treatment provided in the office, the fees for the treatment, and follow-up care. Please take a few moments to read this letter as it may clear up important questions that may come up during treatment.

Complete dentures and removable partial dentures are artificial devices that replace the teeth, oral mucosa (gums) and underlying bony structures. Since they are artificial, they are limited in function compared to natural teeth. Many patients seek dentures because they are tired of problems with their natural teeth. You must understand that while you will no longer suffer from dental decay or abscesses you will have denture-related complications of shrinking gums, poor chewing ability, altered speech, reduced taste, and constant denture movement. Our goal is to attempt to minimize these problems but they will always be present to a certain degree. Dentures become loose as you wear them due to normal changes in the shape of underlying tissue and bone. Dentures that become loose will require refitting or relining every 1-3 years. There is an additional fee charged for relining. A denture’s useful life is on average, 5-7 years.

The fabrication of complete dentures usually takes several appointments. Frequently, extra appointments are necessary to make needed corrections. After the denture is finished you will have 6 months of adjustments if needed, with no charge. There is a charge if the denture needs to be relined due to shrinking gums. Care that needs to be done after six months, including the recall visit, will require your responsibility of payment.

You will have an opportunity to tell your dentist your desires and goals for the new denture. Please critique the trial dentures for any changes that you feel are necessary to make the denture acceptable for you. We will honor any reasonable request but ask that all changes be made before the dentures are processed and placed. Changes made after denture placement will be at your expense. To begin treatment you will have to pay half the full cost of the Removable Prosthesis when work is started. The other half is due at your try-in appointment, usually one week before placement.

Thank you for allowing us to provide this service for you. It is our goal to provide the best care possible for you and maintain a learning environment for student training.

I have been given the opportunity to question the Doctor(s) concerning the nature of the treatment, the inherent risks of the treatment, and the alternatives to this treatment including the risks of no treatment. I hereby state that I have read and understand this consent, and that my questions about the procedures have been answered in a satisfactory manner.

_________________________________________________________  ______________________________  __________
Patient  Date  Signature  MO  DAY  YR

Witness  ______________________________

__________________________
Signature

White Copy - Record  Yellow Copy - Patient