



## Consent Complete Denture Therapy

Tooth/Teeth # \_\_\_\_\_

I hereby authorize Dr. Tuan Nhu to perform removable denture therapy. I also understand that Dr. Nhu is not a reconstructive dental specialist (prosthodontist), and I am declining immediate referral to a specialist at this time. I further understand that Dr. Nhu may cease treatment and make a referral to a specialist should any unanticipated difficulty or untoward event occur during or after treatment at my additional expense.

I understand that complete dentures are entirely supported by bone and soft tissues, unless supplemental support is added by means of implants or endodontically treated abutment teeth. Dentures may be made from acrylics (plastic), metal, or porcelain. I understand that there are certain potential problems associated with removable appliances. These include, but are not limited to:

- ◆ Removable dentures **do not have the same efficiency** as natural teeth. The stability and retention of dentures depends on many factors, including the attachment of the oral musculature, the amount and type of bone, gum tissue, and saliva, as well as the patient's dexterity and the fit of the dentures.
- ◆ It may not be possible for Dr. Nhu to meet my expectations for esthetics and function. I agree to bring someone with me to my esthetic try-in appointment to confirm that the appearance of the dentures is appropriate. I understand that multiple resets or reprocessing to satisfy my esthetic demands may require additional fees for which I am responsible.
- ◆ The presence of acrylics, metal, or porcelain **can alter speech** and will require adaptation of the tongue and lips for proper speech.
- ◆ Dentures **can affect the taste of food**.
- ◆ Dentures may acquire stains and odor.
- ◆ Dentures are **subject to wear** as are all fabricated appliances or restorations.
- ◆ Dentures should be **replaced approximately every 5-7 years** due to significant and normal changes with the aging process.
- ◆ **Relines** are necessary as the gum tissues change. There is no "normal" time frame as to how often relines are necessary.
- ◆ A numb lip may be caused from pressure from a removable denture. This problem requires selective adjustment and in very rare cases a nerve might need to be surgically moved.
- ◆ Dentures may retain food in certain spots. This is unavoidable and requires meticulous home care.
- ◆ Lower front natural teeth or crowns biting against a denture that replaces the upper front teeth can cause upper bony ridge shrinking. This condition is called "**Combination Syndrome**" and may cause damage to supporting teeth, soft tissues, sinus cavities, temporomandibular joints. It may cause general discomfort. Surgery may be necessary to manage this syndrome should it occur.
- ◆ Upper dentures may alter speech. With practice, speech patterns often correct themselves over time.

I have read and understand the above information and have been informed of the treatment, any alternatives, and the benefits and risks involved in receiving a removable appliance. The consequences of doing nothing about my condition and the fees involved have been clearly presented. I understand that recall examinations at least annually are necessary to assure proper function of my prostheses. I further acknowledge that I have not been made any guarantees as to the outcome of this therapy.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_