

Peter L. Thompson, DDS
Informed Consent for Dentures

___ I understand that my teeth will be removed and a prosthesis made to replace them.

___ I understand that _____ may be (a) treatment alternative(s).

___ I understand that my dentures will be made using a technique that involves several impressions and fittings. I understand that the typical steps for a denture are as follows:

1. Initial Impression
2. Wax Rim
3. Esthetic Try-in
4. Final Delivery
5. Adjustments

___ I understand that although these are the typical steps in the denture process, it may take additional appointments than the ones listed.

___ I understand that a denture is an addition to the mouth. It will take time to accept the denture flanges and extension across palate.

___ I understand that **all denture patients will have an adjustment period in order to learn to speak naturally** with their new prosthesis. Words are formed by the tongue adapting itself in different positions relative to the teeth and palate. A new denture will change the shapes in your mouth. Most patients adapt, if they stick with it.

___ I understand that with dentures, my "teeth" will no longer be held in by "roots". Muscles and suction will hold in the denture.

___ I understand that a lower denture is harder to keep in place than an upper denture. This is because, unlike upper dentures that cover the palate and create a 360-degree seal, a lower denture has no suction.

___ I understand that the tongue has a tendency to unseat the lower denture when swallowing or talking.

___ I understand that because the lower denture has less surface area, there is a greater tendency for the gums under lower dentures to become sore from bite pressure.

___ I understand that if I have continued problems with sore gums under a lower denture, a denture soft reline may be a solution. There will be an additional cost.

___ I understand that if I have continued problems with an unstable lower denture, dental implants may be a solution. I also understand that having dental implants and adapting a prosthesis will be at an additional cost.

___ I understand that front teeth are just for “show” and that I need to learn to bite and chew on back teeth, where the ridge can support the bite.

___ I understand that denture wearers need to learn a new way to bite and chew.

___ I understand that I must leave my prosthesis out 4 to 8 hours every day or I will do irreparable harm to my gums, bone, and mouth.

1. Dentures left in place will grow yeast and fungus infections.
2. Dentures can place a destructive compressive force on the gums and the underlying bone. The compressive force presses on vessels that pass through the gums to supply oxygen and nutrients. Studies show that bone underlying a denture will resorb and erode under constant compressive forces.
3. Leaving the denture in to destroy bone and gums won't have a noticeable effect immediately; however, the long term effect of destructive denture wearing habits is risk of:
 - a. A greater chance of infection.
 - b. A shorter life for the current denture.
 - c. A slow steady loss of gum and bone support.
 - d. Future possibility that I may not be able to wear a denture at all.

___ I understand that just like teeth, dentures must be kept clean. Dentures that are not kept cleaned well may develop a bad odor.

___ I understand that gums and bone continually change under my denture and that dentures will need to be evaluated every 6 months to insure that a change in fit is not doing irreparable damage to the gums and bone.

___ I understand that regular dental exams are essential to staying healthy and functioning well with a denture. The most important reason for denture patients to have examinations is to screen for oral cancer. It is also important to determine the appropriate time to relin a denture before it fits so poorly that damage to tissues has occurred.

___ I understand that the time will come when my denture will have to be relined or remade. That time may be as short as 6 months or as long as 8 years.

___ I have been given an opportunity to have all my questions answered.

By signing this form, I give my permission to have my teeth extracted and that the resulting condition will be that I have no teeth. I give my permission to have a denture made to deal with the resulting condition of having no teeth. I understand that dentures have their own challenges and are not a complete solution to my dental problems.

Patient Signature

Date