

Advanced Dental & Denture

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INFORMED CONSENT DENTURES-COMPLETE OR PARTIALS-VALPLASTS

PATIENT NAME: _____

1st Impression Dental & Denture Associate(s) has explained the benefits and risks of dental prosthetic treatment to me. Referral to a specialist (prosthodontist) has been offered. Dental prosthetic appliances are designed to replace missing teeth and may be fixed or removable. I accept to receive removable appliances (complete dentures, immediate dentures, partial dentures, or valplasts) at 1st Impression Dental & Denture.

Removable appliances are artificial, constructed of plastic, metal, and/or porcelain. Removable dentures will not chew as efficiently as natural teeth and may acquire stains, odor, retain food in certain spots and require relines in time due to changes in the gum tissue and underlying bone. I understand the appliances may wear at different rates and may need replacement or re-fitting. I further understand that there may be some unwanted complications, some which are listed below. No guarantees have been made or implied.

Treatment risks/unwanted consequences of the proposed prosthodontic treatment may be (but are not limited to):

- Looseness, soreness, and possible breakage of appliances
- Changes in speech
- Temporomandibular joint dysfunction due to changes in the bite, which may require additional treatment
- Stability/movement of appliances (including retention of removable appliances)
- Numbness induced from pressure of a removable denture requiring an adjustment or other procedure
- Damage to adjacent teeth or restorations

Proposed fees have been explained to me, as have any third party insurance benefits. Third party benefits may be different than discussed by 1st Impressions Dental & Denture Staff as they are not under the control of this office. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee. For any reason I am unable to complete all required visits to have my dentures, partials, or valplasts delivered in a timely manner, I will be responsible for all lab and chair side fees.

The final opportunity to make changes in my new dentures, partials, or valplasts (including shape, fit, size, placement and color) will be the "teeth in the wax" try-in visit.

I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN ME VERBALLY. BY MY SIGNATURE BELOW I CONSENT TO THE TREATMENT DESCRIBED.

Patient Signature _____

Date _____

Witness _____

Date _____

Patient has stated that she/he is consent with the denture on delivery date below.

Patient Signature _____

Date _____

Witness _____

Date _____