

Chase M. BAKER, DDS

Informed Consent for Full and / or Partial Dentures

PATIENT NAME _____ DATE _____

TO THE PATIENT

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. Please ask about anything that you do not understand.

- MAXILLARY FULL DENTURE
- MAXILLARY PARTIAL DENTURE
- MAXILLARY IMMEDIATE DENTURE
- MANDIBULAR FULL DENTURE
- MANDIBULAR PARTIAL DENTURE
- MANDIBULAR IMMEDIATE DENTURE

ABOUT THE TREATMENT

A partial denture is placed when there are missing teeth with some remaining teeth present. It is used most frequently when a fixed bridge cannot be placed. A full denture is placed when all teeth are missing. In certain cases a full denture can be placed when the last teeth are removed from one or both of the halves of the mouth (immediate denture). The procedures take several steps. First an initial impression is taken. Then the lab provides a base or the partial frame with either wax for a bite or the teeth in wax for a bite. Then the partial or denture is processed by the lab and returned by the lab and returned for final placement. Other steps may be employed by your doctor given the specific circumstances of your particular mouth. If teeth were taken out when the denture is placed (immediate denture), a reline may be necessary within the first year as the extraction sites heal and mature.

BENEFITS AND ALTERNATIVES

When there are remaining teeth available in the proper configuration, a fixed bridge can sometimes be placed to replace the missing teeth. Another alternative in those cases is the placement of implants with crowns or fixed bridges on top of them. The only alternative to a full denture is multiple implants and fixed implant prosthesis.

COMMON RISKS

The Doctor has explained to that there are certain inherent and potential risks in any treatment plan or procedure, and that in this specific instance such operative risks include, but are not limited to:

1. The possibility of chipping or fracturing of the partial or denture due to improper handling.
2. The need for periodic adjustments.
3. The need for periodic relines to adapt the denture/partial to the changing of the bone shape underneath the gums.
4. The need for routine soft tissue exams.
5. Difficulty with adequate retention due to insufficient ridge support.
6. Difficulty chewing certain foods and the possibility that certain foods will get under the edge of the denture/partial.
7. Difficulty with enunciation (speaking) of certain words.

PLEASE INITIAL EACH OF THE FOLLOWING:

X_____ I CONSENT TO THE ADMINISTRATION TO SUCH LOCAL ANESTHESIA AS DEEMED NECESSARY BY THE ABOVE NAMED DOCTOR TO ACCOMPLISH THE PROPOSED PROCEDURE.

X_____ I HAVE HAD AN OPPORTUNITY TO DISCUSS WITH THE DOCTOR MY PAST MEDICAL AND HEALTH HISTORY INCLUDING ANY SERIOUS PROBLEMS AND INJURIES.

X_____ I AGREE TO COOPERATE COMPLETELY WITH THE RECOMMENDATIONS OF THE DOCTOR WHILE I AM UNDER HIS / HER CARE, REALIZING THAT ANY LACK OF THE SAME COULD RESULT IN A LESS THAN OPTIMUM RESULT.

X_____ DUE TO INDIVIDUAL PATIENT DIFFERENCES THERE EXISTS A RISK OF FAILURE, RELAPSE, NEED FOR SELECTIVE RE-TREATMENT, OR WORSENING OF MY PRESENT CONDITION WOULD OCCUR SOONER WITHOUT THE RECOMMENDED TREATMENT.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND THE EXPLANATION REFERRED TO OR MADE. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

- I GIVE CONSENT FOR THE TREATMENT AS DESCRIBED ABOVE.
- I REFUSE TO GIVE MY CONSENT FOR THE PROPOSED TREATMENT AS DESCRIBED ABOVE. I HAVE BEEN EXPLAINED AND UNDERSTAND THE POTENTIAL CONSEQUENCES OF MY CHOICE.

X_____ X_____
PATIENT, PARENT, GUARDIAN DOCTOR

X_____ X_____
WITNESS DATE

*MINOR-Any unmarried male or female that has not reached their 18th birthday

**Patient is to initial each paragraph after reading