

**Smiles Of Carpentersville**  
**27 S Western Ave, Suite E, Carpentersville, IL 60110**  
**Ph. 847-783-6544**

**Informed consent for Partial and/or Dentures**

\_\_\_\_\_  
*Patient's Name (PLEASE PRINT)*

\_\_\_\_\_  
*Date*

This is my consent for the following treatment/procedure: COMPLETE DENTURE/ IMMEDIATE DENTURE/PARTIAL DENTURE.

It has been explained to me that there are certain factors which can limit the success of the partial/denture, which include, but are not limited to:

- The amount of ridge remaining in the upper and/or lower jaw.
- The amount of flabby, excessive gum tissue.
- The amount of overbite/underbite of the upper and lower ridges.
- The amount of localized bone loss resulting in dips and bumps in the ridges.
- Presence and size of bone spurs (or tori).
- Depth of the palate.
- Inability of the patient to control his/her gag reflex.
- Age, physical and psychological conditions.
- Allergy to denture material.

No guarantee or assurance has been given to me that the proposed treatment/procedure will be successful to my complete satisfaction. Due to individual patient differences there exists a possibility of the following risks:

- Inability to remove overbites/underbites.
- Thickened or sunken lips.
- Inability to obtain a suction, seal, or tightness of the partial or denture
- Sore spots that might require numerous adjustment or overall lack of tolerance.
- Inability of the patient to control gagging while wearing the partial or denture.
- Fracture/breakage of the plate.
- Tongue/cheek biting.
- Changing in speech, such as lisping.
- Inability to match natural teeth or teeth of a previous denture.

**PLEASE INITIAL EACH PARAGRAPH AFTER READING. IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR DOCTOR BEFORE INITIALING.**

**Immediate Partial & Denture:**

\_\_\_\_\_ 1. I understand that I may be required to have the denture relined at an interval to be determined by my doctor to compensate for shrinkage and resorption of the bone that normally occurs. The shrinkage of the gum that occurs after teeth are extracted is a normal, predictable process that will cause the denture to feel like it is loosening. All patients will experience the need for adjustments on the denture and these adjustment will also be an integral part of the adjustment process.

\_\_\_\_\_ 2. A denture includes 4 adjustments in a 2 month period, additional adjustments after that will have a cost of \$69.00 per visit. A denture includes 1 soft reline. If a hard reline is required, the maximum fee for a hard reline is \$390.00 each. Hard relines are not included in a denture fee.

\_\_\_\_\_ 3. I understand that an immediate denture is a temporary denture and that it will be necessary to fabricate another traditional denture usually within 6 months.

\_\_\_\_\_ 4. The fabrication of a denture is, at best, a man-made replacement of natural teeth. Any denture is by no means a superior replacement for natural teeth. The chewing efficiency of dentures is about 20-25% of that of natural teeth. It is with all of the above facts in mind that I consent to the fabrication of a denture. I also understand that because each denture is made individually there are no guarantees that I will be able to achieve complete and total satisfaction with my denture.

I certify that I have had an opportunity to read and fully understand the terms and words within the above and consent to the procedure(s). I also state that I read and write English.

\_\_\_\_\_  
Patient's or Guardian's Signature

\_\_\_\_\_  
Date