

## PROCEDURE INFORMATION

**PATIENT NAME:**

LAST FIRST MI DATE OF BIRTH

**PROCEDURE:**

**COMPLETE OR PARTIAL REMOVABLE DENTURE**

PROCEDURE

TEETH (S)

**DOCTOR NAME:**

COMPLETE NAME

In order for me to make an informed decision about undergoing a procedure, I should have certain information about the proposed procedure, the associated risks, the alternatives and the consequences of not having it. The doctor has provided me with this information to my satisfaction. The following is a summary of this information. This form is meant to provide me with the information I need to make a good decision; it is not meant to alarm me.

## DETAILS OF CONSENT

### Condition

My doctor has explained the nature of my condition to me: missing teeth (Tooth decay, gum disease, and injury are common causes of missing teeth. Some people are born without certain teeth, and this condition is called congenitally missing teeth. Genetic factors cause congenitally missing teeth and this condition is often seen in generations of a family. The most common missing teeth are wisdom teeth, upper lateral incisors, and second premolars/bicuspid).

### Procedure – Complete or Partial Removable Denture

My doctor has proposed the following procedure to treat or diagnose my condition: Complete or Partial Removable Dentures. Partial denture or full denture is an elective procedure which replaces missing teeth. They can be made from dental plastics, porcelain, and/or metal. A full denture is a removable appliance that is held in place by suction and/or implants and replaces an entire upper or lower arch. A partial denture can be fixed (bridge) or removable (partial). A removable partial denture is large, covering the entire arch, and is held in place by the retentive surfaces of neighboring teeth and / or implants. A fixed partial, better known as a bridge, is glued to the neighboring teeth or implants and cannot easily be removed. It is tooth-supported where as a removable partial can be both tissue and tooth supported. For many people a denture can be a welcome alternative to being toothless.

While we believe that patients have a right to be informed about any treatment, the law requires extensive disclosure of the risks of dental procedures and anesthesia, many of which are extremely unlikely to occur, but can be alarming for the patient. Please feel free to the doctor about the frequency of any risks or complications disclosed herein that might apply to you based on our clinical experience and that of other dental professionals.

1. After a careful oral examination and study of my dental condition, the doctor has advised me that my missing teeth may be restored with a complete or partial removable denture or a bridge. I hereby authorize and direct the doctor and his assistants to treat my condition.
2. Additional treatment procedures may include: adjustments on the opposite or adjacent teeth, dental implants, teeth extractions, crowns, and others treatments. I understand that the purpose of this procedure is to allow me to have healthy teeth without any problem in my teeth.
3. I have also been advised that other alternative treatments done for patients in my condition include, but are not limited to, a bridge, dental implants, placement of removable partial denture, or other options. I understand and choose to undergo the complete or partial removable denture.
4. I also understand that during the course of the procedure, unforeseen conditions may arise that necessitate an extension or alteration of the planned procedure contained herein. I therefore authorize and request that the doctor and his assistants under his direction perform such procedure as found necessary and administer such drugs and treatments as required in their professional judgment.
5. I have had the opportunity to discuss with the doctor the planned procedure and my postoperative

responsibilities. I should take any pain medication if i needed. If I experience an unusual amount of pain I should contact the doctor or his office immediately, as it may signify a problem.

6. I understand no guarantee has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I also understand that due to individual patient differences and the imperfections of the art and science of restorative dentistry, there exists a risk of failure or necessity of additional treatment despite appropriate care. I have been advised that the restoration with a complete or partial removable dentures has shown long term success rates. However, I understand that such disclosure is not to imply that I personally can expect such a favorable long-term result and that there will be no refund of fees from the dentist. However, should I elect to have another doctor to do a new denture, I am solely responsible for all costs and fees incurred in doing so and hereby release the doctor from any such costs and fees imposed by the other doctor.

## Alternatives

My doctor has explained the following medically acceptable alternatives to be: \* No treatment - Choosing to leave the teeth just as they are. \* Dental implant supported crowns and bridges that feel more solid than dentures and allow for improved biting force and better esthetics. You must have adequate bone for the placement of implants. \* Fixed bridges that attach to any remaining healthy teeth. You must have well supported teeth and enough of them to make this alternative a possibility. Also, I can seek specialized care somewhere else, or I can have nothing done. I understand that depending on the reason I have a restoration placed, alternatives may exist. I have asked my dentist about them and their respective expenses.

## Consequences of not having procedure

If I don't have the procedure, my condition may stay the same or even improve. However, it is the doctor's opinion that the proposed procedure is a better option for me. A missing tooth need to be replaced with some type of restoration to prevent surrounded overerupted tooth, mesially or distally inclined tooth, to restore the bite ability, I may continue to experience symptoms (pain, swelling, changes to my bite, and possibly the premature loss of other teeth). which may increase in severity, and the cosmetic appearance of my teeth may continue to deteriorate.

## Other procedures

For many people a denture can be a welcome alternative to being toothless. As with most dental procedures, there are benefits, risks and inconveniences, and alternate treatment options to consider. During the course of the procedure, the doctor may discover other conditions that require an extension of the planned procedure, or a different procedure altogether. I request the doctor to do the procedures my doctor thinks are better to do at this sitting rather than later on.

## Risks

The doctor will give his best professional care toward accomplishment of the desired results. The substantial and frequent risks and hazards of the proposed procedure are:

1. **Failure of dentures:** There are many variables which may contribute to this possibility such as: (1 ) gum tissues which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots; (2 ) jaw ridges w hic h may not provide adequate support and/or retention; (3) musculature in the tongue, floor of the mouth, cheeks, etc. , which may not adapt to and be able to accommodate the new artificial appliances; (4) excessive gagging reflexes as the mouth adapt s to the new dentures; (5) excessive saliva or excessive dry ness of mouth; (6) general psychological and/or physical problems interfering with success; (7)
2. **Failure of removable partial denture's:** Many variables may contribute to the unsuccessful utilizing of partial dentures. The variables may include those problems related to failure of complete dentures, in addition to: (1) natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore and/or mobile as support of the ridge changes during healing; (2) abutment teeth may decay or erode around the clasps or attachments; (3) tissues supporting the abutment teeth may fail l after healing is complete.
3. **Breakage:** Due to the types of materials which are necessary in the construct ion of these appliances, breakage may occur even though the materials used were not defective. Factors which may contribute to breakage are: (1) chewing on foods or objects which are excessively hard; (2) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures, especially as the tissues heal and change; (3) cracks which may be unnoticeable and which occurred previously from causes such as those mentioned in (1) and (2); (4) or the dentures having been dropped or damaged previously in the event of the dentures are relined. The above factors listed may also cause extensive denture tooth wear or chipping.
4. **Loose dentures:** Full dentures become looser when there are changes in the supporting gum tissues. Dentures themselves unless subjected to extreme heat or dryness. When denture become "loose", relining the dentures may be necessary. Normally, it is necessary to charge for relining dentures. Partial dentures become loose for the listed

reasons in addition to clasps or attachments loosening. Sometimes dentures feel loose for other reasons.

5. **Allergies to denture materials:** Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of either partial dentures or full dentures.

6. **Failure of supporting teeth and/or soft tissues:** Natural teeth supporting immediate partial dentures may fail due to decay; excessive trauma; gum tissue or bony tissue problems. This may necessitate extraction. The supporting soft tissues may fail due to many problems including poor dental or general health.

7. **Uncomfortable or strange feeling:** This may occur because of the differences between natural teeth and the artificial dentures. Most patients usually become accustomed to this feeling in time. However, some patients have great difficulty adapting to partial/ complete dentures.

8. **Esthetics or appearance:** Patients will be given the opportunity to observe the anticipated appearance of the dentures or partials prior to processing. If satisfactory, this fact will be acknowledged by the patient's signature (or signature of legal guardian) on this form where indicated.

9. It is the patient's responsibility to seek attention when problems occur and do not lessen in a reasonable amount of time; also, to be examined regularly to evaluate the tissue responses to the dentures during healing, condition of the gums, and the patient's oral health.

#### **Risks Associated with No Denture (Partial or Full):**

With this choice, the bite may collapse as the neighboring teeth move into the empty space. This could create gaps and spaces between your front teeth. Also, the opposing teeth will over-erupt into the extraction site. As a result, TMD may develop. Another event that may occur is loss of lower face support, making you look older than you actually are.

There will be no refund of fees from the dentist in the event of complications requiring additional procedures.

#### **Drugs, Medications, and Anesthesia**

Pain medication, and other medications may cause adverse reactions such as redness and swelling of tissues, pain, itching, drowsiness, nausea, vomiting, dizziness, lack of coordination, miscarriage, cardiac arrest, which can be increased by the effect of alcohol or other drugs, blood clot in the legs, heart, lungs or brain, low blood pressure, heart attack, stroke, paralysis, brain damage. Sometimes after injection of a local anesthetic, I may have prolonged numbness and/or irritation in the area of injection.

#### **No guarantee**

The practice of dentistry is not an exact science. Although good results are expected, the doctor has not given me any guarantee that the proposed treatment will be successful, will be to my complete satisfaction, or that it will last for any specific length of time. Due to individual patient differences, there is always a risk of failure, relapse, need for more treatment, or worsening of my present condition despite careful treatment. Occasionally, treated teeth may require extraction.

### **MY RESPONSIBILITY**

I agree to cooperate completely with the doctor's recommendations while under his/her care. If I don't fulfill my responsibility, my results could be affected.

Success requires my long-term personal oral hygiene, mechanical plaque removal (daily brushing and flossing), completion of recommended dental therapy, periodic periodontal visits (dental clinic care), regular follow-up appointments and overall general health. It is my responsibility to see the doctor at least once a year for evaluation and oral hygiene maintenance.

I have provided as accurate and complete medical and personal history as possible, including those antibiotics, drugs, medications, and foods to which I am allergic. I will follow any and all instructions as explained and directed to me, and permit all required diagnostic procedures. I have had an opportunity to discuss my past medical and health history including any serious problems and/or injury with the doctor.

**Necessary Follow-up Care and Self-Care.** Natural teeth and appliances should be maintained daily in a clean, hygienic manner. I should follow post-operative instructions given after procedure to ensure success in the restoration.

I will let the doctor's office know if I change my address so I can be contacted for any recalls.

### **MISCELLANEOUS**

#### **Photography**

I give permission for persons other than the doctors involved on my care and treatment to observe this procedure, and I consent to photography, filming, recording and x-rays of my oral and facial structures and the procedure, and their

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publication for educational and scientific purposes, provided my identity is not revealed. I give up all rights for compensation for publication of these records.

### Fees

I know the fee that I am to be charged. I am satisfied with it and know that it does not include additional post-operative x-rays, injections or anesthetics that may later be necessary to correct any complications. As a courtesy to me, the office staff will help prepare and file insurance claims should I be insured. However, the agreement of the insurance company to pay for medical expenses is a contract between myself and the insurance company and does not relieve my responsibility to pay for services provided. Some and perhaps all of the services provided may not be covered or not considered reasonable and customary by my insurance company. I am responsible for paying all co-pays and deductibles at the time services are rendered and all costs that have not been paid for by my insurance within 45 days. Otherwise, all payments are due at the time services are rendered. All accounts not paid in full within 90 days shall accrue interest at the rate of 18% per year. I will be liable for all collection costs, including court costs and attorney fees.

## SIGNATURE

### Understanding

I read and write English. I have read and understand this form. All blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed.

I have been encouraged to ask questions, and am satisfied with the answers. I have read this entire form. I give my informed consent for surgery and anesthesia.

**Someone at the doctor's office has explained this form, my condition, the procedure, how the procedure could help me, things that can go wrong, and my other options, including not having anything done. I want to have the procedure done.**

I authorize Dr. \_\_\_\_\_ to perform the procedure listed in the title above.

I know that I am free to withdraw from treatment at any time.



\_\_\_\_\_  
Patient or Representative Signature

\_\_\_\_\_  
Date

If not the patient, what is your relationship to the patient?

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient or representative.



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

\_\_\_\_\_  
Date

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