Consent for Dentures

What are dentures and their benefits?
To replace missing teeth a prosthetic appliance can be made using metal, acrylic, and porcelain. When all teeth are being replaced a “full denture” is needed. When only some of the teeth are missing a “partial denture” is needed. By replacing missing teeth a patient will once again have surfaces to chew food. Additionally, esthetics may be improved.

What are the risks?
1. Failure of full dentures: Some patients will not be able to tolerate wearing a prosthetic device. There are many variables which may contribute to this possibility such as:
   a. Gum tissues that cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots.
   b. Jaw ridges that may not provide adequate support or retention.
   c. Musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate the artificial appliances
   d. Excessive gagging reflexes
   e. Either excessive saliva or dryness of the mouth
   f. General psychological or physical problems interfering with success.
2. Failure of partial dentures: In addition to the variables mentioned above, partial dentures may involve the following:
   a. Natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore or mobile
   b. Abutment teeth may decay or erode around the clasps or attachments
   c. Tissues supporting the abutment teeth may fail.
3. Breakage: Due to the types of materials that are necessary in the construction of these appliances, breakage may occur even though the materials used were not defective. Factors which may contribute to breakage are:
   a. Chewing on foods or objects that are excessively hard.
   b. Gum tissue shrinkage that causes excessive pressures to be exerted unevenly on the dentures.
   c. Dentures having been dropped or damaged while outside the mouth.
4. Speech problems: Time will be needed to adapt to a foreign material in the mouth. Speech will be altered when wearing dentures.
5. Loose dentures: Full dentures normally become looser when there are changes in the supporting gum tissues. Dentures themselves do not change unless subjected to extreme heat or dryness. When dentures become “loose”, relining the dentures may be necessary. There is a fee for the relining process. Partial dentures may need adjustments to the clasps that wrap around abutment teeth. With time clasps can become brittle and break off. If that results in inadequate retention, a new partial denture will be needed. The fee is for a new partial denture.
6. 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 over which we have no control.
7. Failure of supporting teeth and/or soft tissues: Natural teeth supporting partials 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.
8. Check ups are still necessary: Evaluation of the dentures, supporting teeth and gums is necessary to catch problems while they are small. If a problem is left to continue it will lead to further damage. Check ups should occur on a yearly basis.

What are my alternatives?
If adequate supporting teeth remain and the space is small, dental bridges may be an option. A bridge is a series of crowns held together and placed over the abutment teeth. A similar dental
condition may call for dental implants to be used to replace missing teeth. An implant is a synthetic tooth where a titanium post (implant) is surgically placed in the jaw bone and a crown is placed on the implant. When several or all teeth are missing, multiple implants can be used but will require a span of prosthetic material similar to a denture. The prosthetic device can be designed to be removable or attached in place.

**Special Note For Immediate Dentures:**
When multiple teeth are removed and an immediate denture is delivered you can expect the gum tissue to go through changes in shape. As this happens the retention of the denture will become worse. You will need a few soft reline appointments. After the gums have become stable (6-12 months after teeth removal) a hard reline will be needed. This process is done by an outside lab. They will need to keep your denture for 1-3 days for this process. You have the option to either not wear a denture during that time or we can make you a duplicate denture here in our office. There are additional fees for the relines and duplicate denture.

**INFORMED CONSENT:** I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

**Medications:** Any medications dispensed or prescribed are the patient’s responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

**Guarantees:** The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

**Notifications:** If a patient develops a problem it is the patient’s responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient’s behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Patient’s name (please print) ____________________________

Signature of patient/legal guardian___________________________

Date ______________