



Cambridge Dental Hub



Love Your Smile
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Consent form for Addition to Denture

Patient's Name

Date of Birth

I understand that I am having a tooth/teeth added to my existing denture. I understand that a partial denture is retained by my remaining teeth and by gum tissue. Full upper dentures are retained by suction against the palate, and full lower dentures are retained by training the tongue and cheek muscles to hold them in place.

I understand that there is no guarantee as to how long the denture will last, there is also no guarantee as to when the denture will become loose/ill-fitting/ or need replacing with a new denture or another solution. (The Dentist has explained these options)

Both upper and lower dentures may require denture adhesive to aid in their retention.

I understand that my denture will need to be sent off to a Dental Laboratory where they will add a single tooth or multiple teeth to my existing denture. They will usually follow the steps listed below:

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|---|--------------------------|
| 1. Initial Impression (sent to the Dental Lab with existing denture inside) | 4. Review and Adjustment |
| 2. Second Impression if needed | |
| 3. Fit of Denture with addition included. | |

I understand that although these are the typical steps in the denture process, it may take additional appointments than the ones listed. This may delay the time it takes to complete the denture.

I understand that before the denture is completed, I will need to pay in full the cost for the immediate denture and any other treatment owed.

I understand that a denture is an addition to the mouth. It will take time to accept the denture flanges and/or extension across palate.

I understand that **all denture patients will have an adjustment period in order to learn to speak naturally** with their new prosthesis. Words are formed by the tongue adapting itself in different positions relative to the teeth and palate. A new denture will change the shapes in your mouth. Most patients adapt, if they stick with it.

I understand that complications with wearing these appliances include, but are not limited to,

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| 1. An inability to chew and bite effectively | 6. Looseness |
| 2. Collection of food beneath the appliance | 7. Ulceration, |
| 3. Altered speech patterns, changes in facial appearance, infection | 8. Discomfort |
| 4. Potential development of cancerous lesions of supporting tissues. | |

I understand that a lower denture is harder to keep in place than an upper denture. This is because, unlike upper dentures that cover the palate and create a 360-degree seal, a lower denture has no suction.

I understand that the tongue has a tendency to unseat the lower denture when swallowing or talking.

I understand that because the lower denture has less surface area, there is a greater tendency for the gums under lower dentures to become sore from bite pressure.

I understand that if I have continued problems with sore gums under a lower denture, an unstable denture, denture soft relines or dental implants may be a solution. I also understand that having dental implants and adapting prosthesis will be at an additional cost.

I understand that, with time, the teeth will wear out or crack, the acrylic base may crack or discolour and the denture may loosen due to changes in the underlying supporting tissues. I further understand that I will require annual examination of the supporting

tissues, and the denture will require daily personal maintenance, which includes removing the denture and soaking it in denture cleanser overnight five times per week.

I understand that I must leave my prosthesis out 4 to 8 hours every day or I will do irreparable harm to my gums, bone, and mouth.

1. Dentures left in place will grow yeast and fungus infections.
2. Dentures can place a destructive compressive force on the gums and the underlying bone. The compressive force presses on vessels that pass through the gums to supply oxygen and nutrients. Studies show that bone underlying a denture will resorb and erode under constant compressive forces.
3. Leaving the denture in to destroy bone and gums won't have a noticeable effect immediately; however, the long term effect of destructive denture wearing habits is risk of:
 - a. A greater chance of infection.
 - b. A shorter life for the current denture.
 - c. A slow steady loss of gum and bone support.
 - d. Future possibility that I may not be able to wear a denture at all.

I understand that just like teeth, dentures must be kept clean. Dentures that are not kept cleaned well may develop a bad odour.

I understand that gums and bone continually change under my denture and that the immediate denture is only a temporary solution, this will need to be replaced with one of the options advised by the Dentist.

I understand that regular dental exams are essential to staying healthy and functioning well with a denture. The most important reason for denture patients to have examinations is to screen for oral cancer.

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

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

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:

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| A. Thickened or sunken lips. | F. Fracture/breakage of the plate. |
| B. Inability to obtain a suction, seal, or tightness of the partial or denture | G. Inability to remove overbites/underbites. |
| C. Sore spots that might require numerous adjustment | H. Tongue/cheek biting. |
| D. Inability of the patient to control gagging while wearing the denture. | I. Changing in speech, such as lisping. |
| E. Inability to match natural teeth or teeth of a previous denture. | |

I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

I have been give the opportunity to delay my decision/treatment and/or seek a second opinion

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) which the above named dentist or his/her associates may consider necessary.

I acknowledge that no guarantees or assurances have been made to me about how long the denture will last and that if it breaks or is damaged or otherwise does not fit there will be a charge made for a replacement or any additional treatment if needed.

I also understand the financial obligation attached to this procedure carried out today and agree to comply as listed below.

Total amount due £.....

I understand that I am responsible for all fees. I also understand that as treatment progresses the above fees may have to be adjusted, but that I will be informed of these adjustments and how will affect my payment plan.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

I realise that signing does not mean that I am under an obligation to have any treatment and that I may decide not to proceed with all or any part of the treatment. Similarly signing this means that I only pay for the treatment that I have actually had done.

I hereby consent to the proposed dental treatment acknowledge that it is being provided as a Private Patient.

Signature of patient or parent/guardian

Date

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