



Love Your Smile

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Informed Consent for a Denture

I understand that I am having my teeth replaced with a removable denture, which consists of acrylic imbedded in an acrylic base. 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.

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

I understand that my dentures will be made using a technique that involves several impressions and fittings. I understand that the typical steps for a denture are as follows:

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| 1. Initial Impression | 4. Aesthetic Try-in |
| 2. Second Impression | 5. Final Delivery |
| 3. Wax Rim | 6. Adjustments |

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 be presented with a preliminary set-up of the denture in wax that I can place in my mouth to observe the aesthetics, including the arrangement, shape, colour, and position of the teeth. Any changes need to be made at this stage. Once I approve of the preliminary set up, the denture will be completed and any changes from this point forward will be my financial responsibility, in addition to the full cost of the denture.

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 adapting to a new denture is a slow process and can be difficult, even if I have worn one previously, and it is not possible to exactly duplicate my old appliance. It will require a degree of personal resolve in order to get used to my new denture.

I further understand that habits such as tooth clenching and grinding and consumption of foods requiring aggressive chewing, such as jerky, nuts and tough meats, will increase the possibility of appliance damage, soreness and the time necessary to adapt to the new denture.

I understand that with dentures, my "teeth" will no longer be held in by "roots". Muscles and suction will hold in the denture.

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, a denture soft relines may be a solution. There will be an additional cost.

I understand that if I have continued problems with an unstable denture, 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 will develop a bad odour.

I understand that gums and bone continually change under my denture and that dentures will need to be evaluated every 6 months to insure that a change in fit is not doing irreparable damage to the gums and bone.

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 is also important to determine the appropriate time to reline a denture before it fits so poorly that damage to tissues has occurred.

I understand that the time will come when my denture will have to be relined or remade. That time may be as short as 6 months or as long as 8 years.

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 overbites/underbites. | G. Inability to remove |
| 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 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 adjustments will also be an integral part of the adjustment process.

I have been given an opportunity to have all my questions answered.

By signing this form, I give my permission to have a denture made. I understand that dentures have their own challenges and are not a complete solution to my dental problems.

(CF Denture)

Name _____ **Date of Birth** ____//____//____

Signature _____ **Date** ____//____//____