



Love Your Smile

The Hub Dental Practice

775 Witan Gate, Central Milton Keynes MK9 2FW



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01908 690326 reception@TheHubDentalPractice.com www.TheHubDentalPractice.com

Dr David Gilmartin,
Dr Kamilah Makda
Dr Chivani Tailor,
Dr Ivo Zdravkov,
Dr Allen Betsis,
Dr Etienne Deysel, Sedationist

Dr Aaron Lopez, Specialist Periodontist
Dr Monica Cueva Moya, SI Periodontics
Dr Gulelala Azhar, SI Restorative,
Dr Giovanni Marras, PLT Periodontics
Miss Sam Singleton, Practice Manager
Mrs. Nur Gilmartin, Dental Hygienist

Dr Alvaro De Castro Torres, SI Dental Implants & RCT
Dr Konstantinos Tzamalass, Specialist Orthodontist
Dr Iyad Abou-Rabii, PLT Dental Implants & Oral Surgery
Dr Ezgi Cilingir, PLT Dental Implants & Periodontics
Dr Jonathan Harper, PLT Endodontics
Dr Jaime De Castro Torres, SI Dental Implants

Informed Consent for an Immediate Denture

I understand that I am having my teeth replaced with a removable denture that is **intended to be a temporary solution**, 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.

I understand that there is no guarantee as to how long the immediate denture will last, there is also no guarantee as to when the immediate denture will become loose/ill-fitting/ or need replacing with a permanent 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 immediate dentures will be made using a technique that involves several impressions if needed and then a final fit with adjustments if necessary.

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|--------------------------------|---------------------------|
| 1. Initial Impression | 4. Review and Adjustments |
| 2. Second Impression if needed | |
| 3. Fit of Immediate Denture | |

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 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 reline 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 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 understand that the immediate denture is only a temporary solution; I will be required to have a new permanent denture or alternative option at an interval to be determined by my Dentist in order 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 Immediate Denture)

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

Signature _____ Date ____//____//____