



# The Hub Dental Practice

## Consent for a Full Denture



This consent form needs to be read alongside our consent form for dentures (wearing, construction and looking after)

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. 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 permanent solution (The Dentist has explained these options)

- 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 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 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 relining 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.

**No guarantee or assurance has been given to me that the proposed treatment/procedure will be successful to my complete satisfaction.**

I understand that 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 Full Denture)

Name \_\_\_\_\_ Date of Birth \_\_\_\_//\_\_\_\_//\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_//\_\_\_\_//\_\_\_\_