



# The Hub Dental Practice

## Informed Consent for a Denture (Looking After)



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 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 relin 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.

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 Looking After)

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

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