



# The Hub Dental Practice

## Informed Consent for a Denture (Wearing)

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,

- |  |                |
|--|----------------|
| 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. |                |

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:

- |  |  |
|--|--|
| a. The amount of ridge remaining in the jaw.                                 | f. 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. Allergy to denture material.  | i. Inability of the patient to control his/her gag reflex. |
| e. The amount of localized bone loss resulting in dips/ bumps in the ridges. |  |

I understand that adapting to a new denture can be difficult and slow process, even if I have worn one previously, and it is not possible to exactly duplicate my old appliance. It will require a degree of effort 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 denture, a 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.

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:

- |  |  |
|--|--|
| a. The amount of ridge remaining in the jaw.                       | f. 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 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:

- |  |  |
|--|--|
| 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 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 Wearing Denture)

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

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