



## **Immediate Denture Consent Form**

**IMMEDIATE DENTURE CONSENT FORM WHAT TO EXPECT:** Going from natural teeth to a denture is a big adjustment for any patient. The patient's ability to chew food decreases about 90%. Taste of food and often speech may be altered at first. In general, an upper denture is easier to adjust to than a lower denture. The amount of stability of a denture depends on several things and not all people adapt to complete dentures as well as others. We will do everything in our power to help you adjust to your new dentures, however, the patient must realize that dentures are a satisfactory replacement for having no teeth at all but they very rarely function as well as natural teeth.

**APPOINTMENTS:** Your treatment will be an immediate denture: this means that your denture will be placed immediately after having your teeth extracted. The advantage of doing this is that you will never have to be without teeth. For 3-5 weeks after the delivery of your dentures, you may require follow up appointments to adjust the denture as your mouth heals and the dentures settle in. It is normal for the denture to loosen as your mouth heals. The ridges that held your teeth in before will shrink and change shape. Most of your changes will occur in the first two months and then the ridge will begin to stabilize. At the end of one month, if the denture is too loose to function properly, a temporary healing reline will be needed to refit the denture. Complete healing and reshaping of the ridge can take anywhere from 6 months to 1 year. At this point, a permanent reline will be needed to refit the dentures.

**COST:** The cost of an immediate denture not only includes the denture but also adjustments of the denture and any temporary healing relines needed for the first three months after delivery. After this, there may be an adjustment charge depending on the individual circumstances and the time needed for the adjustment. At the end of 9 to 12 months (when the ridge has stabilized), most

patients need to have a permanent reline for which there will be a separate fee.

**CONSENT:** I have read the information above and have had a chance to review and discuss my planned treatment. I understand that there is no warranty or guarantee as to any result and or cures. I understand I can ask for a full recital of any and all possible risks concerning my care by asking.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dentists' Name:** \_\_\_\_\_