

# INFORMED CONSENT FOR REMOVABLE PROTHETICS

The doctor has explained to me the nature of the appliance to be made for my mouth. I understand that it cannot replace my natural teeth and is only a compromise. I further understand that my mouth was not originally designed for these appliances and there will be sore spots, problems with food catching under the appliance, and some looseness of fit. I understand the process of making a partial or denture may require multiple visits for impressions and/or try ins. I understand that in the future my denture or partial may need to be relined by the lab, which is an additional cost. I have been prepared to expect these complications and understand that they doctor will give his best efforts to adjust the appliance to be as comfortable as possible.

I have read and understand the above. I have had all my questions answered to my satisfaction and I agree to proceed with the recommended procedure.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_