

## Denture Consent and Approval

### DENTURE TRY-IN APPROVAL

A critical step in the denture process is the tooth try-in appointment. The goal of this specific appointment is to gain your approval of a trial setup of the denture. The teeth will be arranged in pink wax, however, the teeth themselves will be the actual teeth that will be in the definitive denture. We will not proceed with processing the definitive denture until you have given us your written approval to do so.

I have been given the opportunity to read this document and ask questions. I give my approval to allow Meridian Dental Clinic to process my denture. I approve of the color, shape, size and arrangement of teeth. I have been given the opportunity to see a photograph of my try-in. I understand that any changes made to the denture after processing will carry additional charges

### I certify that I understand the following:

- With dentures, I understand my function and ability to eat will improve as opposed to being edentulous (without teeth).
- The stability and retention of the denture(s) depends on many factors, including the attachment and fit of the denture(s) to natural teeth, implants if any, the amount and type of bone, gum tissue, and saliva, as well as my ability in placing and removing the denture(s).
- There may be gum soreness or discomfort under the denture(s). This can be relieved by the dentist with adjustments and tissue treatment. It may take several appointments before the denture(s) fit comfortably.
- The new denture(s) may feel awkward for a few weeks until I become accustomed to them, and the denture(s) may feel loose while my cheek muscles and tongue learn to keep them in place.
- Eating with the denture(s) will require practice. My dentist has recommended I start with soft foods cut into small pieces and chew slowly, using both sides of my mouth at the same time, to prevent the denture(s) from tipping. I understand I need to be cautious when eating chewy, hot, or hard foods (for example: apples, popcorn, raisins, candy).
- Pronouncing certain words may take practice. I can do this by reading aloud and repeating troublesome words. Sometimes the denture(s) will slip when I laugh, cough, or smile. I can reposition the denture(s) by gently biting down and swallowing. If a speaking problem persists, I will call my dentist for consultation.
- Similar to natural teeth, I understand that my denture(s) require daily brushing to remove food deposits and plaque. My dentist has explained to me how best to care for my denture(s) and which products to use. I have to brush my gums, tongue, and palate with a soft bristled brush before wearing my denture(s). If I do not properly clean or care for my denture(s), they may stain, develop odor, and affect the way food tastes.
- Any adjustments I make to my denture(s) can compromise the denture(s) and

cause gum and cheek irritation and sores. If my denture(s) become loose, chip, crack, or break, I will contact my dentist immediately. Glue bought over-the-counter to repair a broken denture often contains harmful chemicals and should not be used on dentures. Adjusting my denture(s) on my own is not advised and may result in permanent changes to the denture(s) that affect their fit and function. This may also result in the need to remake the denture, which I understand will be at my own expense.

- I am required to keep regular care appointments with my dentist to maintain good oral health and ensure my denture(s) retain their proper fit and function.  
-Every reasonable effort will be made to ensure the success of my treatment.  
-Dentures may have characteristics and potential problems, such as: odor, chipping, and wear; stability and retention problems; changes in facial and lip appearance; and adaptation of the tongue and lips for proper speech. Periodic relines may be required as gum and bone may change over time, oral sensations may change, and good oral hygiene is imperative. I understand poor fitting dentures can cause constant irritation over a long period and may contribute to the development of sores. Failure to wear my denture(s) over a long period of time may affect the fit of the denture(s). My denture(s) may need to be relined or replaced. If my denture(s) begin to feel loose or cause pronounced discomfort, I will contact my dentist.

-I must leave my denture out of my mouth each night for at least 6 hours to allow my gums and mouth time to recover. Dentures left in place will grow yeast and fungus infections. Dentures can place destructive compressive force on the gums and underlying bone. The compressive force presses on the vessels that pass through the gums to supply oxygen and nutrients, and can cause the bone to resorb and change.

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve the condition(s) listed above. I have had my questions answered to my satisfaction and willingly give my consent to proceed with my denture treatment.

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Patient

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Date

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Doctor

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Date