

General Dentistry
2307 West Andrew Johnson Highway
Building 1 Suite 1
Morristown, TN 37814
Phone (423) 581-8020

ACKNOWLEDGEMENT AND CONSENT FOR COMPLETE AND PARTIAL DENTURES

I realize that partial dentures are artificial, constructed of plastic, metal and/or porcelain. The possible concerns of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage. I realize I will be charged for the denture at the time of impression; once the impression has been sent to the lab, a refund will not be issued if I change my mind about treatment. I understand the final opportunity to make changes in my new denture (including shape, fit, size, placement and color) will be the "teeth in wax" try-in visit. I understand that if an immediate denture is placed the same day as multiple extractions, I will need to come back for adjustments as the bone and tissue heal; this may be daily, weekly or monthly. I understand that **all** partial dentures require some adjusting, and agree to come in as often as necessary to make those adjustments. The importance of when to wear the denture and when to let the tissue rest has been explained to me and I agree to follow these recommendations. I agree to ask any questions regarding my procedure *before* the procedure begins.

Patient Signature

Date

Patient's estimated expense for denture \$_____ . A payment of at least \$__ ___ ___ will be required at the master impression appointment. The remainder will be required when the partial denture is finalized and delivered.

