

## Consent for Immediate Dentures

An immediate denture is placed at the time the teeth are extracted. To make this possible, measurements and models are taken during the preliminary visit. However, bones and gums can shrink over time, especially during the healing period in the first six months after extraction of teeth. When gums shrink, immediate dentures may require rebasing or relining to fit properly. Failing this a new denture will need to be made incurring further charges.

I understand 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).

I understand there may be gum soreness or discomfort under the denture(s). This can be relieved by the dentist with adjustments. It may take several appointments before the denture(s) fit comfortably.

I understand 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.

I understand my dentist will make every attempt to create a natural appearance for the denture(s); however, it may not be possible for the denture(s) to support my lip and facial contours perfectly.

I understand 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, nuts, toffees).

I understand that 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.

Due to the nature of Immediate Dentures, we offer no refunds for this treatment.

I hereby consent to Immediate Dentures.

Approximate Cost \_\_\_\_\_

Name of Patient \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient/Parent/Guardian)