

Partial Denture Delivery

I, _____, understand that the partial denture was made in the ideal teeth shape and size to match my current arch, dentition or facial structure. I have had a chance to either confirm with the office in detail, my appearance and fit desires or to try the denture in was and approve the appearance and fit prior to processing.

I understand that the new partial denture is processed and any aesthetic changes will be an additional cost.

I understand that adjustments may be necessary for a better fit due to changes of bone and gum tissue.

Our staff and doctors work together making additional efforts to ensure the longevity and quality of dentures. I understand I am picking up my processed denture and will contact the dental office for any adjustments needed. The adjustments are at no charge for the next 60 (sixty) days.

Signature

Date

Witness

Date