

Partial/Complete Denture Processing Consent

I, _____, understand that a partial/complete denture will be 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 wax and approve the appearance and fit.

I understand that when the new prosthesis (partial/complete denture) is processed and completed, that if I would like any aesthetic changes there will be additional costs involved of at least \$600 (six hundred dollars) per prosthesis.

Immediate dentures are placed after the removal of teeth. During the healing process, the gum and bone in the area may shrink and change. Therefore, I have been informed and understand that I may need a reline of the partial/complete denture for better fit due to the changes of bone and gum tissue. The reline will be an additional cost.

Our staff and doctors work together making additional efforts to ensure the longevity and quality of crowns and bridges. We want you to be happy with the service you receive and ask you to refer your family and friends.

Signature

Date

Witness

Date