Pt Info Label Here

Denture Treatment Consent Form

Please Read And Initial The Items Checked Below. Also, Read And Sign The Section At The Bottom Of Form.

✔ I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement. The cost for this procedure is not included in the initial denture fee.

Initial_____

Signature of Patient_____Date_____

Signature of Parent/Guardian if Patient is a minor_____Date_____

Witness_____Date_____