

Temporary Implant Retained Prosthesis

I, _____, have decided to postpone the finalization and completion of my implant retained prosthesis. I am aware that this temporary prosthesis is not intended for permanent use and must be finalized within _____ months.

I also have been informed by Dr. _____ that should I not complete my final treatment within this time frame, there is significant risk of failure of all treatment done today.

I understand that I am releasing Dr. _____ from any and all responsibilities and any liability for my treatment should I not complete the finalization within _____ months.

Print Name

Signature of Patient

Date

Print Name

Signature of Doctor

Date