

Shelton DENTAL CENTER

Consent for Immediate/Temporary Dentures

Patient Name: _____

Dentist Name: _____



Immediate dentures (sometimes called **temporary dentures**) are actually made BEFORE the natural teeth are extracted. The patient walks into the office with natural teeth, and walks out with false teeth. The top denture relies on "suction" to retain it, and the hardness of the underlying tissues for its stability. Lower dentures have very little to no suction.

The doctor has explained to me that there are certain potential risks in the procedure. These include:

1. Dentures are not a replacement for teeth. Dentures are a substitute for no teeth.
2. I understand that _____ may be (a) treatment alternative(s).
3. The denture is an addition to the mouth. It will take time to heal and to adjust to the denture flanges and extensions across the palate.
4. Once your dentures are delivered, you will usually need adjustments. The denture fee includes these adjustments for a period of three months and/or up to three appointments. After this period, you will be charged for each additional denture related appointment.
5. Different people adapt at different rates. It may take months to learn to eat or speak naturally with your new prosthesis. Words are formed by the tongue adapting itself in different positions relative to the teeth and palate. A new denture will change the shapes in your mouth. The tongue has a tendency to unseat a lower denture during function.
6. With dentures your teeth will no longer be held in by roots. Muscles and suction will hold in the denture.
7. An immediate denture may provide instant satisfaction but is not the ideal way to go about getting teeth. We are taking impressions of mouth/gums prior to extractions and making your denture on estimates of how we think your gums will heal. Once teeth are removed it changes the structure and shape of the underlying bone where your new denture will sit.
8. The lower denture has less surface area; therefore, there is a greater tendency for the gums under the lower denture to become sore from bite pressure. If there are continued problems with sore gums under the lower denture, a denture soft-liner or dental implants may be the solution. This will be at additional cost.
9. Denture wearers need to learn a new way to bite and chew. The front teeth are just for "show" and you will need to be able to learn to bite and chew on back teeth, where the ridges can support the bite.
10. I understand that I must leave my prosthesis out for 4-8 hours everyday or I will do irreparable damage to my gums, bone and mouth. The long-term effects of destructive denture wearing increase risks for: greater chance of infection; a shorter life of the denture; slow steady loss of gum tissue and supporting bone; and future possibility of not being able to wear a denture at all.
11. Regular dental exams are essential to staying healthy and functioning well with a denture. The most important reason for dental examinations is to screen for oral cancer. It is also important to determine the appropriate time to reline a denture before it fits so poorly that damage to the tissues has occurred. Gums and bone continually change and this time can be as short as 6 months or as long as 8 years.

Unforeseen conditions may arise that require a procedure that is different than set forth above and require a referral to a specialist. I authorize the doctor and any associates to perform such procedures when in their professional judgment the procedures are necessary.

The doctor has explained to me that the purpose of this procedure is to substitute prosthetic teeth for teeth that are missing or extracted. The doctor has explained to me the treatment and the anticipated results of the treatment. I understand that this is an elective procedure and that there are alternative treatments and the doctor has explained the risks and benefits of the alternatives.

1. I give permission to have all/some of my teeth extracted and that the resulting condition will be that I have missing teeth.
2. I give my permission to the fabrication of an immediate denture to deal with the resulting condition of missing teeth.
3. I understand that immediate dentures have their own challenges and are not a complete solution to all of my dental problems.

Patient signature: _____

Doctor: _____ **Date:** _____

Please do not hesitate to ask the doctor or the staff if you have any questions.

******Summary of the Expected Visits for Immediate/Temporary Dentures******

1) The first appointment consists of an oral examination, X-Rays, and a set of impressions of the upper and lower ridges (gums) and teeth. Color, size and shape of the teeth will be discussed and the request is sent to a dental lab where they fabricate the immediate denture. Occasionally the decision is made to extract all remaining posterior teeth, leaving the anterior teeth in place for esthetics during the healing time (6-8 weeks). In this instance, a wax try-in of the teeth can be done, to get a better estimate of healing and placement of teeth before final processing of the denture. This would require extra time and extra appointments but would give more accurate results.

2) The second appointment is to extract the remaining teeth and deliver the prefabricated denture directly over the bleeding sockets. The patient is still numb from the extractions, and nothing hurts until later. Immediate dentures usually work out reasonably well. When patients leave, they traditionally look much better than when they walked into the office - but there are limitations since immediate dentures rely on estimating a patient's healing results. Even though the denture teeth will be straight, the tooth position may not be ideal because there is no way to predict healing or to preview teeth location as we can with a standard denture. For this reason, not everyone will be happy with the final appearance of their immediate denture, and some may wish to invest in a new one later on.

3) Remaining appointments: After the natural teeth are extracted and the immediate denture is inserted, there is a relatively fast loss of the bone that used to hold the natural teeth in place. By the end of three weeks, enough bone has been lost that there is a LOT of space between parts of the denture and the healing gums. This leads to rapidly increasing looseness and sore spots which must be adjusted frequently. In some cases, the dentist will suggest a temporary "soft" reline at about one month after the extraction/insertion date. This is a simple way to tighten the denture against the gums and it makes the denture more comfortable until enough healing has taken place to do a permanent "hard" reline (at additional charge) at the end of 6 months. The "hard" reline is a separate procedure and the cost is NOT included in the original price of the immediate denture. Thus the immediate denture ends up costing a bit more than the standard denture when the cost of the reline is taken into account. The hard reline marks the official transition of the immediate denture into a standard denture.