



A. Fatemi, DDS, FICOI, FAGD

American Dental Association • Academy of General Dentistry

International Congress or Oral Implantologist • Fellow of International Congress of Oral Implantologist

Southern Maryland Dental Society • Fellow of Academy of General Dentistry

Consent for Denture(s) and Partial(s)

I hereby authorize the doctor to perform the following procedure(s):

Dentures are teeth substitutes and only have 25% of the chewing efficiency of real teeth. They often replace large amounts of lost gum tissue, bone and teeth. This added bulk improves their appearance but may reduce the denture stability. Dentures are supported by areas of the mouth that were not designed to carry the chewing loads place on them by dentures. If the gums and bone underneath are not given an 8 hours rest each day, they may dissolve rapidly. This may require frequent relines or adjustments.

Like natural teeth, dentures must be kept clean. If not, they may develop a bad odor or ugly stains. Dentures may be designed to include facial support. If you desire additional plumping, the denture may because unstable and the gums may dissolve away more rapidly.

Some people are unable to wear conventional dentures and may require the use of special soft liners or implant supported dentures. Your dentures will be made using a technique that involves several impressions and fittings. You must agree to be involved in the selection of the shape, size, color, and arrangement of the teeth. If you would like your teeth to look a specific way, bring a photograph of a person who demonstrates this arrangement and color. It is your responsibility to express any concerns before the final dentures are constructed.

You will see your final denture teeth arranged in a wax at the cosmetic try in appointment. If you value the opinion of someone else, bring this person to your cosmetic try in appointment. You must inform the dentist of any desired changes at this appointment. After you leave Fatemi Family Dentistry L.L.C., the final dentures will be constructed. You are not allowed to make any changes after that cosmetic try in appointment. You are not allowed to call in or return to make changes to the dentures. If you desire any changes after this appointment, you must agree to pay the full fee for new dentures.

Once your dentures are processed and delivered, there will be several adjustments to refine the fit to your mouth. The denture fee includes these adjustments for a period of three months and/or up to three appointments. After the three month period or three denture adjustment appointments, you will be charged for each additional denture related appointment.

Initials



FATEMI
FAMILY
DENTISTRY

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Dr. Fatemi and his staff at Fatemi Family Dentistry, L.L.C. promise to do our best in making you a nice set of dentures. However, we cannot guarantee perfection since “beauty is in the eye of the beholder”. It is not always possible for a patient and a dentist to fully understand what each other are thinking.

I accept my responsibility, as the future owner of my dentures, to make my desires and opinions regarding my dentures absolutely clear so that my dentist has a good chance of being successful at make me happy. I have had all my questions answered regarding the denture construction procedure and its potential complications.

I understand this consent form and Fatemi Family Dentistry, L.L.C. staffs have answered all of my questions related to this procedure. I give permission to the dentist to make my dentures.

Patient or authorized person to sign for patient

Date

Patient Name (print)

If not the patient, what is your relationship to the patient? _____

I have explained the condition, procedure, benefits, alternatives, and risks described on this form to the patient or representative.

Doctors Signature

Date