INFORMATION & INFORMED CONSENT · RESTORATIVE DENTISTRY

CD-C16

Dentures

Please read this form carefully before your treatment. It explains what is involved, the benefits, the risks and your options. Ask your dentist about anything you do not understand. You do not have to sign until you are ready.

PATIENT DETAILS

PATIENT NAME

DATE OF BIRTH

DENTURE TYPE (FULL / PARTIAL / IMMEDIATE)

ARCH (UPPER / LOWER)

TREATING DENTIST

CLINIC

01 About the treatment

Dentures are removable replacements for missing teeth. Full dentures replace all teeth in an arch; partial dentures replace some teeth and clip to remaining teeth. Making dentures involves impressions, bite records, a try-in of the teeth set in wax, fitting, and adjustment visits. Immediate dentures are fitted on the day teeth are extracted.

EXPECTED BENEFITS

- Restores appearance and support for lips and cheeks
- Improves chewing and speech
- Lower cost and non-surgical compared with implants

ALTERNATIVES

- No treatment
- Bridges
- Dental implants or implant-retained dentures

02 Risks and possible complications

All dental treatment carries some risk. Most complications are uncommon and manageable, but you should know about them before deciding. Risks specific to you, including those relating to your medical history, have been discussed with you.

- **Adjustment period.** New dentures commonly cause sore spots, extra saliva, gagging, and changes to speech and taste for several weeks. Several adjustment visits are normal.
- **Chewing ability** with dentures is lower than with natural teeth, especially with a lower full denture.
- **Retention.** Lower full dentures in particular may move. Denture adhesive or implants may be needed.
- **Immediate dentures** loosen as the gums and bone shrink after extraction. Relines are needed, usually at 3 to 6 months, at extra cost.
- **Bone shrinkage** continues over time, so dentures need relining or remaking every 5 to 8 years.
- **Partial dentures** can trap plaque around natural teeth and increase the risk of decay and gum disease.
- **Fracture** if dropped or bitten on hard objects.

03 Your acknowledgement

Tick each box to confirm you understand and agree.

- [ ] I have approved the appearance of the teeth at the try-in stage, and understand that changes after processing may incur a fee.
- [ ] I have read this form, or it has been read to me, and I understand it.
- [ ] The dentist has explained the proposed treatment, why it is recommended, the expected benefits, the material risks and the reasonable alternatives, including no treatment.
- [ ] I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- [ ] I understand that dentistry is not an exact science and that no guarantee has been given about the outcome or how long treatment will last.
- [ ] I have given the dentist a complete and accurate medical history, including medicines, supplements, allergies and pregnancy (if applicable), and I will tell the clinic of any changes.
- [ ] I understand that unforeseen findings during treatment may require a change in plan, and that the dentist will discuss this with me where practical.
- [ ] I have received a written estimate of fees. I understand that fees may change if the treatment plan changes, and that health fund rebates are my responsibility to confirm.
- [ ] I consent to clinical photographs, X-rays and scans being taken and kept in my record. These will not be used for any other purpose without my separate written consent.
- [ ] I understand that I may withdraw my consent at any time before or during treatment.

04 Financial consent

ESTIMATED FEE ($) _____ ITEM NUMBERS / QUOTE REFERENCE _____

05 Consent

I, the undersigned, consent to **Dentures** as described above, and to the administration of any local anaesthetic or other medicines needed for this treatment.

Patient (or parent / guardian / substitute decision-maker)

FULL NAME _____ SIGNATURE _____ DATE _____

Dentist

I have explained the treatment, risks, benefits and alternatives, and answered the patient's questions.

NAME _____ SIGNATURE _____ DATE _____

Interpreter (if used)

NAME / LANGUAGE _____ SIGNATURE _____ DATE _____