JOSEPH
FAMILY DENTAL

DENTURE CONSENT FORM

Patient Name: _____ DOB: _____
Last First Initial

I hereby authorize _____ And whomever he/she may designate as his/her assistants, to perform upon me the following operation and/or procedures:

_____
_____
_____
_____

We will do everything we can within our best ability to help you adjust to your new dentures, however, you, as our patient must realize that dentures are a satisfactory replacement for having no teeth at all but they very rarely function as well as natural teeth. Please understand that Dr. Hasson and staff cannot guarantee that your dentures/partials will bring you happiness and satisfaction. Once the denture process has begun or been completed, we do not offer a trade-in option or refund.

I request and authorize Dr. Hasson and staff to do whatever they deem advisable if any unforeseen condition arises in the course of these designated operations and/or procedures calling, in their judgment, for procedures in addition to or different from those now contemplated. I consent to the above treatment after having been advised of the alternatives, risks, advantages and disadvantages of the treatments and the consequences if this treatment is withheld.

I fully 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. They may also impair speech, eating, and the appearance of your smile. I understand that sometimes it is not possible to match the color of the artificial teeth with natural teeth. I further understand that I may be wearing temporary full or partial dentures while healing from surgery until the permanent ones are fabricated. I understand that during this time I may require several adjustments and/or alignments to my temporary appliance.

I understand that the cost for the final denture and cost of any relines is addition to the above stated appliance unless agreed upon prior to the start of the procedure.

I understand that dentistry is not an exact science, and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarntee or assurance has been made by anyone regarding the dental treatment, which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Signature of Patient: _____ Date: _____