

PATIENT: _____
DATE: _____

PARTIAL DENTURE INFORMED CONSENT

You have been informed that you require a partial denture to replace the following teeth:

UPPER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	UPPER LEFT
LOWER RIGHT	8 7 6 5 4 3 2 1		1 2 3 4 5 6 7 8	LOWER LEFT

PURPOSE OF THE TREATMENT:

This procedure is deemed necessary because:

- Present Partial is Unsuitable, Ill-fitting, Old, Unsightly etc.
- Initial Replacement of Many Missing Teeth
- I would like an aesthetic-type denture (minimal metal wires showing) to improve my smile
- Other _____

DENTURES REQUIRE **FOUR (4)** APPOINTMENTS. Freezing is not necessary, unless teeth must be removed or preparation of teeth causes sensitivity.

The **first** appointment will require 30-60 minutes of your time.

It consists of :

- Preparation of teeth (if necessary)
- Taking Initial Impressions

The **second** appointment will require 30-60 minutes of your time.

It consists of:

- Denture Framework Try-in (if necessary)
- Jaw Relation Records and Measurements
- Tooth Shape and Shade Selection

The **third** appointment will require 30 minutes of your time.

It consists of:

- Partial Denture Try-in

The **fourth** appointment will require 30 minutes of your time.

It consists of:

- Delivery of Partial Denture and Final Adjustments

Subsequent appointments may be made for adjustments as required.

BENEFITS OF THE TREATMENT:

The replacement of teeth with partial dentures will help patients regain the ability to chew foods, and

distribute chewing forces, properly. Partial dentures may replace lost supporting structures and therefore, will improve facial form and general appearance as well.

RISKS OF THE TREATMENT:

There are rare instances of allergic responses to impression material, tissue conditioning material, or to the material the dentures are made of. These are reversible and disappear upon removal of the offending substance. Breathing in or swallowing of the impression material is extremely rare.

ALTERNATIVES TO THE TREATMENT:

If the density, height, and width of the jaw bone is sufficient, implants may be a feasible alternative to a partial denture.

If teeth on either side of the spaces are healthy, many different types of bridges may be a more permanent alternative.

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment. I have had the purpose, benefits, reasonable risks and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

PROFESSIONAL FEE	_____
LAB FEE (approx.)	_____
TOTAL FEE (approx.)	_____

Dated at London, Ontario, this _____ day of _____

SIGNED: _____
PATIENT

WITNESS: SIGNED: _____
Parent, Guardian or Nearest Kin if patient is under the age of 18