



DENTISTREE DENTAL CLINIC

INFORMED CONSENT

FULL ARTIFICIAL DENTURES AND PARTIAL DENTURES 4/94

Patient details					
Patient Name	:	Sergei Mychkin	Reg #	:	3529
Gender	:	Male	Nationality	:	Russian
DOB/Age	:	24-May-1965	Mobile #	:	0586119498
Email	:		Facebook A/c	:	

I UNDERSTAND that REMOVABLE PROSTHETIC APPLIANCES (PARTIAL DENTURES) and FULL ARTIFICIAL DENTURES include risks and possible failure associated with such dental treatment. I agree to assume those risks and possible failure associated with but not limited to the following. Even though the utmost care and diligence is exercised in the preparation for and fabrication of artificial dentures there is the possibility of failure and patients not adapting to their use.

1.Failure of full dentures: There are many variables which may contribute to this possibility such as: (1) gum tissues which cannot bear the pressures placed upon them which may result in excessive tenderness and sore spots; (2) jaw ridges which may not provide adequate support and/or retention; (3) musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to and be able to accommodate these artificial appliances; (4) excessive gagging reflexes; (5) general psychological and/or physical problems interfering with success; (5) excessive saliva or dryness of mouth.

2.Failure of partial dentures: Many variables may contribute to unsuccessful utilizing of partial dentures (removable bridges). The variables may include those problems related to failure of full dentures in addition to: (1) natural teeth to which partial dentures are anchored (called abutment teeth) may become tender, sore, and/or mobile; (2) abutment teeth may decay or erode around the clasps or attachments; (3) tissues supporting the abutment teeth may fail..

3.Breakage: Due to the types of materials necessary to be utilized in the construction of these appliances, breakage may occur even though the materials used are not defective. Factors which may contribute to breakage are: (1) chewing on foods or objects which are excessively hard; (2) gum tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures; (3) cracks which may be unnoticeable and which occurred previously from causes such as those mentioned in (1) and (2), or the dentures having been dropped or otherwise damaged previously. The above may also cause excessive denture tooth wear or chipping.

4.Loose dentures: Full dentures normally become looser when there are changes in the supporting gum tissues. Dentures themselves do not change unless subjected to extreme heat or dryness. When dentures become "loose", relining the dentures may be necessary. There is a charge for relining dentures. Partial dentures become loose for the above reasons in addition to clasps or other attachments loosening. Sometimes dentures feel loose for other reasons (See paragraph 1).

5.Allergies to denture materials: Infrequently, the oral tissues may exhibit allergic symptoms to the materials used in construction of either partial dentures or full dentures.

6.Failure of supporting teeth and/or soft tissues: Natural teeth supporting partials may fail due to decay, excessive trauma; gum tissue or bony tissue problems. This may necessitate extraction. The supporting soft tissues may fail due to many problems including poor dental or general health.

7.It is a patient's responsibility to seek attention should any undue or unexpected problems occur and also to diligently follow any instructions, including the scheduling and attending all appointments.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of artificial dentures and have received answers to my satisfaction. I have been given the option of seeking endodontic therapy with a specialist. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Peterson and/or his associates to render any treatment necessary or advisable to my dental conditions, including any and all anesthetics and/or medications.

Sign here, only if all of your questions have been answered to your satisfaction

** Patient do not wish to do implant **

Sergei Mychkin

17-Apr-2024

Patient's name (please print)

Signature of patient, legal guardian or authorized representative

Date

Witness Name

Witness Signature

17-Apr-2024

Date

Priyanka Kiran

17-Apr-2024

Doctor's Name

Doctor's Signature

Date

