

I UNDERSTAND that dental treatment requiring REMOVABLE PROSTHETIC APPLIANCES (PARTIAL DENTURES and/or COMPLETE DENTURES,) which I desire to have performed, include certain risks and possible unsuccessful results or procedural failure. Even though care and diligence will be exercised in this treatment, there are no guarantees of desired or anticipated results, or of the longevity of the treatment. I AGREE to assume the risks, possible unsuccessful results or procedural failure associated with the treatment, including but not limited to the following:

_____(initials) There are many variables which may contribute to the possibility of complete failure of your new denture, such as: gum tissues and alveolar ridge which cannot bear the pressures placed upon them resulting in excessive tenderness and sore spots; jaw ridges which may not provide adequate support and/or retention, often times due to bone resorption; musculature in the tongue, floor of the mouth, cheeks, etc., which may not adapt to the new denture, and be able to accommodate the artificial appliances; excessive gagging reflexes; excessive saliva or excessive dryness of mouth; general psychological and/or physical problems interfering with success.

_____(initials) Many variables may contribute to unsuccessful utilization of partial dentures (removable bridges). The variables may include those problems related to failure of complete dentures, in addition to: natural teeth, which anchor the partial dentures, becoming sensitive and/or mobile; anchor teeth may decay or unnaturally wear around the clasps or attachments; tissues supporting the abutment teeth may fail.

_____(initials) The plastic materials which are necessary in the construction of denture appliances may crack and break even though the materials used were not defective. Factors that cause dentures to break are: chewing on hard foods or objects; gum or bone tissue shrinkage which causes excessive pressures to be exerted unevenly on the dentures; use of porcelain teeth as part of the denture, or the dentures having been dropped or damaged from previous neglect. The above factors listed may also cause extensive denture tooth wear or chipping due to improper alignment.

_____(initials) Complete dentures experience inadequate fit 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. It will be necessary to charge a fee for relining poor fitting dentures. Partial dentures become loose for the listed reasons above, in addition to clasp attachments losing their ability to engage the anchor teeth. Sometimes dentures feel loose for other reasons, which you will need to tell the dentist if this occurs.

_____(initials) In rare situations, the tissues of your mouth may exhibit allergies to the materials used in construction of either partial or full dentures, over which we have no control.

_____(initials) Natural teeth supporting partial dentures may fail due to decay, trauma, and gum or bony tissue problems, which may necessitate tooth extraction. The supporting soft tissues may fail due to many problems including poor oral health care, or certain medical conditions.

_____(initials) Uncomfortable conditions occur because of the differences between natural teeth and the artificial dentures. Most patients usually become comfortable with their dentures in time.

_____(initials) You will be given the opportunity to participate in the appearance of the dentures in your mouth prior to processing. You will be given the decision for final approval of your new dentures before final laboratory processing.

_____(initials) I understand it is my responsibility to seek attention should problems occur. Also, I understand regular exams are needed to evaluate the dentures, condition of the gums, and my overall oral health.

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Signature Page to Follow

VOLUNTARY INFORMED CONSENT TO TREATMENT

As indicated by my initials above and my signature below, the doctor and dental team have given me the opportunity to read this document in its entirety and have allowed me to ask any and all questions pertaining to the procedure(s) above, their nature and purpose. They have also explained to me alternative forms of treatment and the risks of nontreatment. They have answered all my questions and concerns to my satisfaction with language I could understand. I voluntarily assume any and all possible risk, including risk of substantial harm, if any, which may be associated with any phase of this, or any unforeseen additional, dental treatment in hopes of obtaining the desired results for me, or for my minor child or ward. I also voluntarily assume the risk that the desired result may not be achieved. I have also been given the option to seek treatment from a specialist. No guarantees or warranties have been made to me concerning the results. Moreover, the fee(s) associated with these services have been explained to me, and I accept the financial responsibilities.

By signing this form, I am willingly, under no duress, giving my consent to allow and authorize the doctor, dental team members, and their associates, to render any treatment they believe necessary, appropriate, and/or beneficial to me, or my minor child or ward, including the administration and prescribing of any/all anesthetics and/or medications.

Patient's Name	Signature of Patient, Legal Guardian, or Authorized Representative	Date
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Tooth Number(s)	Witness to Signature	Date
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Healthcare Provider's Name	Signature of Healthcare Provider	Date
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