

**Kings Ranch Dental Care
Meridian Dental Care**

Denture Reline

I give permission for Kings Ranch Dental & Meridian Dental Care to perform a reline on my old denture. I know that this an attempt to fill a space between the denture and the tissue. I realize that the denture may not stay in any better than it did before the reline. I also realize that this office **DOES NOT** give refunds for denture relines and there may be adjustments necessary.

Date: _____ Patients Name: _____

Signature of Patient: _____