

Kings Ranch Dental Care
Dr. Franklin Hulme
6804 S. Kings Ranch Rd, Ste. 101
Gold Canyon, AZ 85118

Meridian Dental Care
Dr. Franklin Hulme
3061 W. Apache Trl, Ste 1
Apache Junction, AZ 85120

Consent for Upper/Lower Immediate Denture

I have been advised that the removal of my remaining lower teeth and the placement of an immediate denture may not be considered as a solution to the problems I have had with my remaining teeth. I have been advised that while some patients do well with there dentures, many of those who are fitted with a lower denture are never able to comfortably wear there denture. Some denture wearers only wear dentures socially, due to chronic gagging and unnatural feeling, and remove them the majority of the time. I understand that a small number of people have had such a difficult time with their denture that they have undergone severe emotional distress.

I have been informed that the most denture wearers have difficulty eating certain foods including, but not limited to, Corn on the Cob, Apples, Fresh Vegetables, Salads, Sandwiches, and other chewy sticky foods such as steak and candy. Hard foods such as nuts are often difficult to eat as well. I understand that is in impossible to predict the fit of the denture and that I may need to use denture adhesive to keep it in place while eating.

I have been told that I probably experience difficulty speaking and that slurring of certain words is not unusual. It has been explained to me that weight loss may occur due to soreness experienced during the healing phase. I also understand that complications from the surgery include swelling, bleeding, pain, bruising, infection and injury to surrounding structure including the sinuses. It may also be necessary to perform a follow-up procedure to remove bone spicules to smooth sharp bony areas, and to retrieve root fragments, to treat an infection, or treat other complications.

I have been advised that shrinkage will take place as my mouth heals and that I will need to come in frequently to have temporary liners placed in my denture. Following complete healing in approximately four to six months, the denture will need to have a final relining for an additional fee's. I understand that additional relines may be needed depending on the changes in the mouth that are not predictable. Relines are not included in the cost of the initial denture.

It has been explained to me that I may need to wear a partial denture to replace my missing lower teeth to help improve that stability of the upper denture and my ability to chew.

I have read the consent form with full understanding after having questions answered. I authorize Dr. Hulme and staff to perform dental services on me.

Patients Name: _____ Signature: _____

Date: _____ Date of Surgery: _____