



# Hoye Dental

www.hoyedental.com

140 High Street  
Taunton, MA 02780  
Tel. 508.823.1600

20 Chestnut Street  
Needham, MA 02492  
Tel. 781.444.4647

## Informed Consent for Full and Partial Dentures

I UNDERSTAND THAT REMOVABLE PROSTHETIC APPLIANCES (PARTIAL DENTURES and FULL ARTIFICIAL DENTURES) include the risks and possible failures associated with such dental treatment. I agree to assume those risks and possible failures associated with, but not limited to, the following: (even though the utmost care and diligence is exercised in preparation for, and fabrication of, prosthetic appliances, there is the possibility of failure with patients not adapting to them):

1. **Failure of full dentures:** there are many variables which may contribute to this possibility, such as: (1) gum issues which cannot bear the pressure placed upon them resulting 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 the artificial appliances; (4) excessive gagging reflexes; (5) excessive saliva or excessive dryness of mouth; (6) general psychological and/or physical problems interfering with success.

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 which are necessary in the construction of these appliances, breakage may occur even though the materials used were 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 being dropped or damaged previously. The above may also cause extensive 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. Normally, it is necessary to charge for relining dentures. Partial dentures become loose for the listed reasons in addition to clasps or other attachments loosening. Sometimes dentures feel loose for other reasons (see paragraph 1).

**5. Allergies to dental materials:** Very infrequently, the oral tissues may exhibit allergic symptoms to the materials used in the construction of either partial dentures or full dentures, over which we have no control.

**6. Failure of supporting teeth and/or soft tissue:** 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 the patient's responsibility to seek attention when problems occur and do not lessen in a reasonable amount of time; also, to be examined regularly to evaluate the dentures, condition of the gums, and the patient's oral health.**

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of artificial dentures have been given alternative treatment options including dental implants and have received answers to my satisfaction. I do voluntarily assume any and all possible problems and risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results relating neither to my ability to utilize artificial dentures successfully nor to their longevity. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I freely give my consent to authorize my Doctor to render the dental treatment necessary or advisable to my dental condition(s), including administering and prescribing all anesthetics and/or medications, making of photographs and radiographs, and any treatment deemed needed.

Date: \_\_\_\_\_

Patient Name (print): \_\_\_\_\_

Patient Name (sign): \_\_\_\_\_