CONSENT FORM · RESTORATIVE

Consent for Dentures

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME

DATE OF BIRTH

PATIENT NUMBER

TOOTH, TEETH OR AREA

TREATING CLINICIAN

DATE

SECTION 1

About your treatment

Dentures are removable replacements for missing teeth. They can replace a few teeth (partial dentures) or all the teeth in an arch (full dentures).

Partial dentures replace some missing teeth and are held by clasps or rests on your remaining teeth. They can be made in acrylic (plastic), a cobalt chrome metal framework which is thinner and stronger, or a flexible nylon material that has gum coloured clasps. Full dentures replace all the teeth in an arch and rest on the gums. The upper is held by suction on the palate; lower full dentures are often less stable.

Immediate dentures are fitted on the same day teeth are removed, so you are not without teeth. As the gums and bone heal and shrink, immediate dentures usually become loose and need a reline or replacement within months. Over the years all dentures may need relines, repairs or replacing as your mouth changes.

What happens

STEP	WHAT IT INVOLVES
1. Assessment	We examine your mouth, remaining teeth and gums, take any X-rays needed and discuss the denture options.
2. Impressions or scans	We take impressions or digital scans of your mouth. More than one stage may be needed for an accurate fit.
3. Bite and tooth selection	We record how your jaws meet and choose the shade and shape of the teeth with you.
4. Try in	You see and try a wax version of the denture so we can check fit, bite and appearance before it is finished.
5. Fitting	We fit the finished denture, adjust it and show you how to put it in, take it out and clean it.
6. Review and adjustments	We see you after a week or two to ease any sore spots. Further adjustments are common in the first weeks.

SECTION 2

Expected benefits

- Replaces missing teeth and improves appearance.
- Helps with chewing and speaking.
- Supports the lips and cheeks, which can help facial appearance.
- No surgery is needed and treatment is less costly than implants.
- Can be added to if more teeth are lost in future.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Sore spots	Pressure areas on the gums are common in the first few weeks and are eased with adjustments.	Common
Looseness	Dentures, especially lower full dentures, can move when eating or speaking. Fixative can help. Implants can improve stability.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Speech and eating changes	Speech and eating may feel strange at first. Most people adapt within a few weeks, but some take longer.	Common
Gagging	Some people find an upper denture triggers a gag reflex. This often improves over time.	Uncommon
Gum shrinkage and need for relines	The gums and bone shrink over time, particularly after extractions. Immediate dentures usually need a reline within months.	Common
Denture stomatitis	A fungal infection under the denture can cause redness and soreness. Leaving dentures out at night and good cleaning help prevent it.	Uncommon
Effects on remaining teeth	Partial dentures can trap plaque around natural teeth, increasing the risk of decay and gum disease. Clasps can wear teeth.	Uncommon
Breakage	Dentures can crack or break if dropped or bitten on hard foods. Repairs are usually possible.	Uncommon
Appearance	We plan the appearance with you, but dentures may not fully match your expectations. The try in stage helps with this.	Uncommon

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: leaving gaps can affect chewing, speech and appearance, and neighbouring teeth may drift.
- **Bridges**: a fixed replacement for one or a few missing teeth, using neighbouring teeth for support.
- **Dental implants**: fixed teeth or implant retained dentures, which are more stable but need surgery and cost more.
- **Different denture materials**: acrylic, cobalt chrome or flexible, each with different strength, comfort and cost.

SECTION 5

Costs

ITEM	GUIDE FEE
Acrylic partial denture	from £950
Cobalt chrome denture	£1,750
Flexible denture	£1,350
Full acrylic denture per arch	£1,250
Immediate denture	Quoted at consultation
Denture reline or repair	from £150
Implant retained denture per arch	from £6,500

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £

PLAN REFERENCE

ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that dentures are removable and may move when I eat or speak, especially a lower full denture.	☐
I understand that sore spots are common and that several adjustment visits may be needed.	☐
I understand that it can take weeks to get used to eating and speaking with dentures.	☐
I understand that my gums and bone will change over time and that relines, repairs or new dentures will be needed, at extra cost.	☐
I understand that immediate dentures usually need relining or replacing within months as healing takes place.	☐
I understand that partial dentures can increase plaque around my natural teeth and that daily cleaning is essential.	☐
I have approved the appearance at the try in stage.	☐
I have been told about the alternatives, including bridges, implants and no treatment.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE	CLINICIAN SIGNATURE	DATE	TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.