The DENTURE SPA

Denture Treatment Consent Form

Patient Name: **Date:**

As part of your dental care plan, you have been recommended to receive dentures. This consent form provides you with information about the procedure, benefits, and potential risks involved. Please read carefully and sign below to indicate your understanding and agreement.

Procedure Description:
Dentures are custom-made replacements for missing teeth and can be taken out and put back into your mouth. While dentures take some getting used to and will never feel exactly the same as natural teeth, today's dentures are natural-looking and more comfortable than ever.

Benefits:

- Improved appearance and smile.
- Enhanced ability to chew and speak.
- Support for facial muscles, potentially improving facial structure.

Risks and Complications:

- Initial discomfort and adjustment period.
- Potential for mouth sores or irritation if dentures don't fit properly.
- Need for readjustments or replacements as the shape of the mouth changes over time.

Care and Maintenance:
It is essential to follow all care and maintenance instructions provided by your Dental Professional here at The Denture Spa, including regular cleaning of the dentures and maintaining good oral hygiene

Form continues overleaf.

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Acknowledgment:

I hereby acknowledge that I have read and understand the information provided in this consent form. I have been given the opportunity to ask questions and have received satisfactory answers. I understand the benefits and risks associated with receiving dentures and agree to proceed with the treatment.

Patient Signature:	**Date:**
Dental Professional Signature:	**Date:**

I hereby give my consent for photographs to be taken of my dental condition and treatment. I understand these images may be used for diagnostic purposes, treatment planning, and to document the progress and results of my treatment. I acknowledge that these photographs may be shared with dental professionals as necessary for my care, but will otherwise be kept confidential in accordance with privacy laws and regulations, and that my identity will remain hidden at all costs.

Patient Signature:	**Date:**
Dental Professional Signature:	**Date:**