TRUSMILE DENTAL

INFORMATION AND INFORMED CONSENT – CONVENTIONAL DENTURES

Dentures (also known as false teeth) are prosthetic devices constructed to replace missing teeth, and which are supported by surrounding soft and hard tissues of the mouth. Conventional dentures are removable; there are also many others different denture designs, some which rely on bonding or clasping onto teeth or dental implants. There are two main categories of conventional dentures available: full (or complete) and partial dentures. Full dentures are used when all the teeth are missing on one or both jaws; while partial dentures are used when some natural teeth remain.

How are dentures made?

Dentures are fabricated in a dental laboratory. There are several types of dentures, which differ depending on the materials used for the fabrication of the denture (as follows but not limited to): acrylic, chrome-cobalt (combination of acrylic and metal alloy), Valplast (or so called "flexible") dentures. Also, acrylic teeth are used to replace the missing patient's teeth: they are available in many colours and are usually chosen to match patient's natural teeth colour.

The specific type of the denture which is suitable for the patient depends on many factors, such as, but not limited to: patient's mouth and jaw anatomy; quality and quantity of patient's saliva; cosmetic preferences; present teeth and their restorations etc.

There are alternatives to dentures, such as dental implant(s) supported restoration(s), bridges or no treatment; however it is important to know that not everyone is a candidate for implant(s) or bridge(s) treatment, as this depends on particular clinical situation of each patient.

The denture making times depends on the size of the denture and the complexity of each clinical case. Once your dentist determines what type of appliance is best for you, the general steps are to:

1. Make a series of impressions of your upper and lower jaws and take measurements of how your jaws relate to one another and how much space is between them.
2. Create models, wax forms, and/or plastic patterns in the exact shape and position of the denture to be made. You will "try in" this model several times and the denture will be assessed for colour, shape, and fit before the final denture is cast.
3. Cast a final denture
4. Adjustments will be made as necessary

Please note that several appointments may be necessary to adjust of the denture.

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THE RISKS, POSSIBLE UNSUCCESSFUL RESULTS AND/ OR FALIURE ARE, BUT NOT LIMITED TO THE FOLLOWING:

1. Excessive salivation: patients are not used to having something in their mouth that is not food. The brain sometimes senses the denture as "food" and sends messages to the salivary glands to produce more saliva and to secrete it at a higher rate.

2. New dentures can also be the cause of sore spots as they compress the denture bearing soft tissues. Several denture adjustments following insertion of the dentures may be necessary to take care of this issue. A patient's commitment to continue wearing the denture during this period of discomfort is necessary in order to get used to it and/or establish the areas on the denture which are causing the discomfort in order to make the adjustments.

3. Gagging is another issue encountered by a small minority of patients. Most often it is related to general sensitivity of the palate of the patient. At times, gagging may also be attributed to psychological denial of the denture. Gagging is the most difficult to treat since it is out of the dentist's control. In such cases, an alternate treatment plan may need to be considered.

4. Sometimes the inflammation of the gum/ or gum disease may occur due to accumulation of dental plaque under the denture. It is the responsibility of the patient to clean the denture regularly and follow the oral hygiene instructions.

5. Some other challenges encountered by denture wearers (particularly the first-time denture wearers) are, but not limited to, the following: loss of taste; "clicking sound" when talking; difficulty with pronouncing certain sounds; difficulties eating and chewing food. Dentures may occasionally slip when you laugh, cough, or smile.

6. New dentures may feel a little odd or loose for a few weeks until the muscles of your cheek and tongue learn to keep them in place and you get comfortable inserting and removing them.

7. It is important to understand that the denture is a removable prosthetic, therefore a certain degree of the mobility of the denture in the mouth will always be present. Also, the stability of the denture in the mouth largely depends on the patient's anatomy: the height of the remaining alveolar (jaw) bone, bite specifics, location and function of the surrounding tissues and muscles of the mouth and the face. Generally, the less of the bone volume is present, the looser the denture fit will be. In certain cases, the use of dental adhesive may be recommended.

8. As the natural anatomical changes occur with time, a new denture may be needed to match the new anatomy of the patient's mouth.

9. Particular attention is required where teeth extractions had been performed, as bone tends to change its contours as it heals. It is recommended to wait until the bone is fully healed and stable bone contours are achieved prior to making the denture: this may usually take up to several months. In certain clinical situation where denture is made earlier, whether that is by request of the patient or any other reasons, it is important to accept that another denture may be needed in a due course, as the bone heals. In such circumstances the normal charges will apply for the provision of the new denture.

10. Dentures may possibly fracture or break. Many factors can contribute to this situation such as traumatic blows in mouth, changes in biting forces exerted, eating hard foods, dropping the dentures etc. In certain cases, the very small, unobservable cracks may develop in denture for these causes, but denture may not actually break until chewing soft foods, or for no apparent reason.

11. Aesthetic and appearance: patients will be given the opportunity to observe the appearance of the denture(s) in their mouth prior to the fitting it(them) in. If satisfactory, this will be acknowledged and noted in the patient's records.

12. Longevity and acceptance of dentures: there are many variables which determine "how long" the denture can be expected to last for or how comfortably the denture fits. Among these are some of the factors mentioned in preceding paragraphs. In addition, general health, oral hygiene status and habits, regular dental examinations, diet, naturally occurring anatomical changes in the oral cavity etc. can affect longevity and the fit of the denture. Because of this no guarantee can be

made or assumed to be made concerning how long the denture will last or how comfortably it will fit. A small minority of patients may not be able to adapt to wearing of the denture at all and alternative treatment plan may be needed.

13. It is the patient's responsibility to seek attention from the dentist should any undue or unexpected problems occur. The patient must diligently follow all instructions, including the scheduling and attending all appointments.

INFORMED CONSENT

I have been given the opportunity to consider other treatment options or no treatment and to ask any questions regarding the nature and purpose of denture treatment and have received answers to my satisfaction. I do voluntarily assume all possible risks, which may be associated with any phase of this treatment and accept the desired results may or may not be achieved.

No promised or guarantees have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this form I am freely giving my consent and allow and authorize Dr. Irfan Sheraz and/or one of the Associate(s) to render any treatment pertaining to denture(s) provision necessary and/or advisable to my dental condition(s) including any and all anaesthetics and/or medications.

Patient's name……
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(Print name)

Signature……
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(Patient, Legal Guardian or Authorized Representative)

Date……
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