EXTRACTION AND IMMEDIATE DENTURE CONSENT FORM

I _______________________________ give consent to proceed with full mouth extraction followed by immediate complete maxillary and mandibular dentures. The Doctor has carefully examined my mouth. Alternative to the treatment have been explained to me. The doctor gave me the options of partial upper and lower dentures and implants. I have chosen to decline both of these recommended options fully understanding they would be better options for me.

I understand losing multiple teeth can be very difficult and challenging; no denture will ever function as well as my own natural teeth. I understand learning to wear a new denture takes effort and patience; but with time I can learn to use them well.

I have been explained all the disadvantages of immediate complete upper and lower dentures. I understand I cannot expect immediate dentures to fit well. They are designed to be of temporary nature and must be relined and adjusted occasionally with further costs due to changes in the bone and tissue. New upper and lower dentures may be required at some point in the future at an additional cost to me.

I have been given the opportunity to ask any questions regarding the treatment. All the questions have been answered to my satisfaction. I do voluntarily assume any and all possible risks and problems. No guarantees or promises have been made to me concerning the results relating to the immediate dentures or to their longevity. The fees 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 extract all remaining teeth in my mouth, followed by immediate complete upper and lower denture.

Patent: _______________________________ Print name: __________________________________________ Date:________

Witness: _______________________________ Print name: __________________________________________ Date:________

Dr. __________________________________________ Date:________

Witness: _______________________________ Print name: __________________________________________ Date:________