

Upper Full Denture Consent Form

A full acrylic upper denture is a custom-made dental appliance designed to replace all the missing teeth in the upper arch. These dentures provide a cost-effective solution for restoring function, aesthetics, and confidence. They rely on the gums and palate for support and retention.

Important Information About Full Acrylic Upper Dentures

1. Fit and Function:

- Full dentures may take time to adapt to. Initial adjustments may be necessary to improve comfort and fit.
- Dentures rely on suction and the natural contour of your gums for stability.

2. Oral Changes Over Time:

- The shape and structure of your gums and jawbone can change over time, which may affect the fit of your denture. Relines or a new denture may be needed in the future to maintain comfort and function.

3. Oral Hygiene and Maintenance:

- It is essential to maintain good oral hygiene by cleaning your gums, tongue, and denture regularly to avoid infections and other oral health issues.

4. Material Durability:

- While acrylic dentures are durable, they may be prone to wear, cracking, or discoloration over time. Proper care and handling are necessary to extend their lifespan.

Potential Risks and Considerations

- **Adjustment Period:** It may take a few weeks, up to 3 months, to become fully accustomed to your new denture, including eating and speaking.
- **Irritation or Soreness:** Some patients may experience temporary irritation or soreness in the gums during the adjustment period.
- **Breakage:** Acrylic dentures can break if dropped or mishandled. Please handle with care and store in a safe, designated area.
- **Loss of Taste:** The upper denture covers the palate, which may slightly affect your ability to taste food initially.
- **Inability to wear the denture:** some patients are unable to tolerate a denture even if it is well made
- **Activation of gag reflex:** some patients have a very sensitive gag reflex and they are unable



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to tolerate the design of a full denture as it must extend to the very back of the mouth. If this is the case, an implant supported denture or bridge may need to be considered to reduce denture extensions.

- **Allergy to acrylic:** very uncommon but possible. We can discuss alternative materials if this is the case.

Acknowledgment and Consent

I, the undersigned, confirm that:

1. I have discussed the benefits, risks, and limitations of full acrylic upper dentures with my dentist.
2. I understand that adjustments, relines, or replacement dentures may be necessary over time due to changes in my oral anatomy or wear of the denture.
3. I agree to follow the care and maintenance instructions provided by my dentist to ensure the longevity of my denture.
4. I have been informed of alternative treatment options and understand the implications of choosing a full acrylic upper denture.
5. I have had the opportunity to ask questions and am satisfied with the explanations provided.
6. I consent to proceed with the fabrication and fitting of a full acrylic upper denture.

Patient Signature:

Patient Name:

DOB:

Date:

Thank you for trusting **Marius Street Family Dental** with your dental care. If you have any questions or concerns during or after your treatment, please don't hesitate to contact us.