

# Consent Form for Cobalt Chrome Partial Dentures

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## Overview of Cobalt Chrome Partial Dentures

Cobalt chrome partial dentures are a durable and lightweight option for replacing missing teeth. These dentures are designed to provide excellent stability and comfort, relying mainly on the abutment teeth for support. Due to their material and structure, cobalt chrome dentures are less prone to damage and wear compared to acrylic dentures.

## Important Information About Cobalt Chrome Dentures

1. **Limited Modifiability:**

Cobalt chrome dentures are fabricated to fit your mouth precisely at the time of treatment. Due to the rigid nature of the material, these dentures are difficult to modify after they are made.

2. **Adaptability to Changes in Your Mouth:**

Over time, changes to your mouth—such as gum shrinkage, tooth movement, or the loss of abutment (supporting) teeth—can affect the fit and function of your denture. If significant changes occur, it may not be possible to adjust the existing denture, and a new denture may need to be fabricated.

3. **Oral Hygiene and Care:**

Proper oral hygiene is essential to maintaining the health of your gums and supporting teeth. Neglecting oral care may lead to issues that compromise the fit and function of your cobalt chrome denture.

4. Alternative options to a Cobalt Chrome partial denture include acrylic denture, valplast denture, 3D printed resin denture, implants, dental bridge (if suitable), leave the space

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## Potential Risks and Considerations

While cobalt chrome dentures are a reliable and effective solution, it is important to be aware of the following:

- **Initial Discomfort:** You may experience a period of adjustment as your mouth adapts to the new denture.
- **Damage to Supporting Teeth:** The clasps and framework of the denture rely on adjacent teeth for support. Over time, this may cause wear or damage to these teeth especially if proper oral hygiene and follow-up care are not maintained.
- **Allergies:** Though rare, some individuals may have sensitivity or allergies to cobalt chrome materials. Please inform us if you have a history of metal allergies.

- Dentures must have a degree of movement as they are removable, no matter how well the denture is made. This can lead to rubbing on the gums causing ulcers or discomfort when chewing.
  - After losing a tooth, the bone shrinks rapidly. Unfortunately, this process continues for the rest of your life. This means the longer you have dentures, the less bone you have to hold your dentures in. This means that dentures should be relined every few years. They can cause increased bone loss compared to alternative treatment options.
  - There is always an adaptation process after dentures are given to a patient. Usually this takes around 3 months. The muscles actually chew differently when dentures are in. However, unfortunately, sometimes patients never adapt to their dentures. 50% of lower dentures do not get worn.
  - Repair of abutment teeth rate-60% at 5 years and 80% at 10 years. This means that the teeth that are used to hold the dentures in (we call them 'abutment teeth') suffer more decay, wear and "stripping" (where the gum gets damaged from the clasps). We find the teeth that we use to support the dentures are at more risk of being loose, having disease and bacterial build up. 44% abutment teeth are lost within 10 years.
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## Acknowledgment and Consent

I, the undersigned, confirm that:

1. I have discussed the benefits, risks, and limitations of cobalt chrome partial dentures with my dentist.
2. I understand that cobalt chrome dentures are difficult to modify and that significant changes in my mouth or the loss of supporting teeth may require the fabrication of a new denture.
3. I agree to follow the care and maintenance instructions provided by my dentist to ensure the longevity of my dentures.
4. I have had the opportunity to ask questions about the treatment and am satisfied with the explanations provided.
5. I consent to proceed with the fabrication and fitting of cobalt chrome partial dentures.

**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.