



Consent Form for Complete denture

PSU Dental Hospital

Name: Age: HN:

have decided to undergo treatment with complete denture.

I have read and acknowledged the relevant information regarding complete denture as follows:

1. Treatment Timeline

Complete denture treatment requires at least 6–8 appointments, starting from the initial diagnosis and treatment planning to the final denture placement. Additional appointments may be necessary for adjustments and problem-solving if any issues arise after wearing the dentures. In cases where adjustments are not feasible, new dentures may need to be made.

Additionally, delays in denture fabrication may occur in some patients who have recently had tooth extractions or require additional surgery to modify the tissues supporting the dentures. The healing process after tooth extraction or surgery generally takes at least 8–12 weeks before denture treatment can proceed. The exact healing time depends on the individual's healing process.

2. Possible Issues with Complete Denture

The dentist will provide treatment according to professional standards to achieve the best results. However, complete denture is designed to replace all missing natural teeth, and their performance cannot be compared to natural teeth.

The success of complete denture depends on various factors, including the characteristics of the supporting tissues, the function of related muscles (tongue, cheeks, lips), and the patient's ability to adapt. Therefore, the issues arising from dentures vary among individuals and cannot be directly compared with other cases or previous dentures.

The following problems may occur when wearing complete denture, especially during the initial adaptation period. These issues are primarily due to the patient's adjustment process and require cooperation to achieve normal function:

2.1 Discomfort or a feeling of fullness in the mouth

2.2 Excessive saliva production

2.3 Difficulty speaking and unclear pronunciation

2.4 Difficulty eating and reduced taste perception

2.5 Gag reflex

2.6 Food getting stuck under the denture base

2.7 Loose or dislodged dentures during use, especially in the lower jaw, which is more common in patients with significant bone resorption, affecting retention and stability

2.8 Patients who are elderly, have systemic diseases, or take certain medications that reduce saliva production may experience increased soreness and reduced denture retention.

Some patients may also experience denture looseness and/or soft tissue injuries unrelated to tissue limitations or patient adaptation. Regular follow-up visits with the dentist are required to make necessary adjustments for optimal function.

3. Risks of Treatment

Some patients may experience an allergic reaction to acrylic resin (a very rare occurrence).

4. Treatment Costs

Treatment costs are based on the latest fee schedule of the Faculty of Dentistry, Prince of Songkla University.

5. Warranty Policy

Patients must follow detailed usage and care instructions for their dentures. It is the patient's responsibility to visit the dentist in case of unexpected problems.

If damage occurs due to normal use within 3 months of denture placement, the repair will be provided free of charge. However, if the damage is caused by improper use, self-adjustments, or modifications, the patient will be responsible for additional repair or replacement costs.

6. Patient Decision

I have read and understood the information regarding complete denture treatment and have consulted with the dentist about treatment options and associated costs.

I have received satisfactory answers to my questions regarding the procedure, risks, benefits, and costs.

☐ I consent to complete denture treatment and accept the associated risks and costs as described.

☐ I do not consent to complete denture treatment and acknowledge the potential consequences of not receiving treatment.

Signature:
(.....)

Treating Dentist

Signature:
(.....)

Patient / Authorized Representative
Relationship to the patient:

Signature:
(.....)

Witness

Signature:
(.....)

Witness

Date: Time:

Note:

- 1. If the patient comes alone, please note “Patient came alone” in the witness signature field.
- 2. If the patient is under 18 years old, a parent or guardian must sign the patient/guardian field.