Repair Consent Form for Denture

PSU Dental Hospital

Name: ..... Age: ..... HN: ..... have decided to undergo treatment for the repair of an acrylic-based removable denture / metal framework removable denture, with the following details (e.g., position, nature of the damage).

I have read and understood the dental information and treatment plan as follows:

1. Facts for Consideration

Denture repair aims to allow the patient to continue using their denture temporarily or while waiting for a new denture. The repair process uses acrylic resin to fix cracks/fractures in the denture base, add or repair artificial teeth, repair or add metal clasps, or reinforce the denture base as necessary.

2. Benefits of Treatment

2.1 Enables continued use of the denture for a certain period.

2.2 Restores the patient's ability to chew food.

2.3 Improves aesthetics.

3. Risks of Treatment

3.1 If the broken parts cannot be perfectly reattached or involve a denture clasp, the repair may result in minor misalignment.

3.2 If the denture is in poor condition (e.g., thin acrylic base, excessive wear, unstable bite, or involvement of weak natural teeth such as loose, tilted, or rotated teeth), the repaired denture may break again within a short period.

3.3 If the denture was already loose before the repair, it will remain loose after the repair, as fixing the fracture does not improve the overall fit.

3.4 Adding artificial teeth in the space of extracted natural teeth will provide a certain level of aesthetics and strength. However, once the extraction wound heals, a gap may form under the denture base.

3.5 Future breakage may occur due to factors such as chewing hard foods, excessive bite force, abnormal bite alignment, dropping the denture, or accidental trauma to the oral area. If the issue cannot be fixed, a new denture may be recommended.

4. Treatment Costs

The fees are based on the latest revised fee schedule of the Dental Hospital, Faculty of Dentistry, Prince of Songkla University.

5. Patient's Decision

I have discussed treatment options and costs with the dentist. My questions regarding procedures, risks, benefits, and costs have been satisfactorily answered.

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

☐ **I consent** to the repair of my removable denture and accept the associated risks and costs as stated. I also allow the dentist to take necessary X-rays during the treatment process.

☐ **I do not consent** to the repair of my removable denture. I acknowledge that I have received information and accept the consequences of not receiving treatment.

Signature:	Signature: .....
(.....)	(.....)
Treating Dentist	Patient / Authorized Representative
	Relationship to the patient: .....
Signature:	Signature: .....
(.....)	(.....)
Witness	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.