Consent Form for Removable Partial Denture

PSU Dental Hospital

Name: ..... Age: ..... HN: .....
have decided to undergo treatment with a removable partial denture.

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

1. Treatment Timeline

The process of making a removable partial denture requires at least 2 to 8 appointments. The first appointment involves diagnosis and treatment planning, followed by the denture fabrication and fitting process. Additional visits may be necessary for adjustments or remaking the denture if corrections are not possible.

Delays may occur due to the need for pre-treatment oral preparation, such as fillings, scaling and root planning, root canal treatment, post and core placement, or crown placement. Patients who have recently undergone tooth extraction or require oral surgery to adjust the supporting tissues must wait at least 8 to 12 weeks after the procedure to allow for proper healing before denture fabrication can proceed.

2. Potential Issues with Wearing a Removable Partial Denture

The dentist will follow proper procedures to ensure the best possible outcome. However, since removable partial dentures replace lost natural teeth, they cannot fully replicate the function of natural teeth.

The success of the denture depends on multiple factors, including:

- ☐ The number of missing teeth being replaced
- ☐ The distribution of missing teeth
- ☐ The condition of the supporting teeth
- ☐ The nature of the supporting tissues
- ☐ The function of related muscles (tongue, cheeks, lips)
- ☐ The patient's ability to adapt to the denture
- ☐ Each patient's experience will differ, and dentures cannot be compared between individuals or to previous dentures.

Common initial issues patients may experience include:

- ☐ Unfamiliarity with the denture, feeling of fullness in the mouth
- ☐ Excessive saliva production
- ☐ Difficulty speaking or unclear pronunciation
- ☐ Difficulty eating or reduced taste perception
- ☐ Gag reflex activation
- ☐ Food getting stuck under the denture base
- ☐ Denture feeling loose or dislodging during use (especially if many teeth are being replaced and clasps cannot be used for support)

☐ Increased risk of pressure sores and poor retention in elderly patients, those with systemic diseases, or those on medications that reduce saliva production

If a patient experiences persistent discomfort, loose dentures, or soft tissue injuries not related to physical limitations of the supporting teeth and tissues, they should return for follow-up appointments to have the issues adjusted.

3. Treatment Risks

Some patients may have an allergic reaction to the materials used in the denture, such as Acrylic Resin or Cobalt-Chromium (though this is very rare).

4. Treatment Costs

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

5. Warranty on Denture

Patients must carefully follow the instructions for use and maintenance of the denture. If any unexpected issues arise, they must visit the dentist for evaluation.

If the denture is damaged due to normal use within 3 months of placement, the repair cost will be waived. However, if the damage results from misuse, self-adjustments, or modifications, the patient will be responsible for any repair or replacement costs.

6. Patient Decision

I have read and understood the information regarding removable partial denture treatment and have discussed treatment options and costs with my dentist.

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

☐ **I consent** to undergo treatment with a removable partial denture and accept the associated risks and costs.

☐ **I do not consent** to undergo treatment with a removable partial denture. I acknowledge that I have been informed of the 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.