



Consent Form for Immediate Removable Denture

PSU Dental Hospital

Name: Age: HN:

have decided to undergo treatment involving the placement of an immediate removable denture after tooth extraction.

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

1. Purpose of Treatment

An immediate removable denture is a temporary denture (provisional denture) used to replace extracted teeth immediately after extraction. This serves to maintain the patient's aesthetic appearance while waiting for complete healing, after which a permanent denture may be made (approximately 3–6 months post-extraction).

2. Limitations of the Immediate Denture

The dentist will provide treatment according to professional standards to achieve the best possible outcome. However, since the immediate removable denture is prepared in advance before the patient's tooth extraction, certain limitations exist beyond those of standard denture placement:

2.1 The patient cannot undergo a try-in process to evaluate aesthetics, size, color, alignment, or shape of the artificial teeth before the final denture is made.

2.2 The gum ridge at the extraction site is shaped based on an estimate of how the wound will heal rather than its actual post-extraction condition. As a result, the denture may not fit perfectly or may not conform to the supporting tissues. Additionally, during the healing period, the alveolar bone may shrink, affecting the denture's fit, stability, and retention.

2.3 During the healing process, the dentist will use soft tissue conditioning material or a temporary soft liner to improve comfort, fit, and stability of the denture.

2.4 The patient must return for follow-up visits 24 hours, 48 hours, 1 week, 1 month, 3 months, and 6 months after placement. (These appointments may vary depending on individual needs and at the discretion of the treating dentist.)

2.5 Additional costs may arise from temporary relining procedures and the eventual fabrication of a new permanent denture.

Additionally, the effectiveness of the denture cannot match that of natural teeth. Success and complications vary from person to person and cannot be compared with others or previous dentures.

3. Patients Unsuitable for Immediate Dentures

Patients with conditions or systemic diseases that increase the risk of infection and/or complications may not be suitable candidates. These include:

3.1 Patients unable to attend required follow-up visits.

3.2 Patients with systemic conditions that contraindicate tooth extraction.

3.3 Patients with diabetes or other systemic diseases that increase the risk of infection.

3.4 Patients whose extracted teeth have large periapical lesions or abscesses requiring drainage.

3.5 Patients undergoing radiation therapy or chemotherapy.

3.6 Patients with psychological conditions that make denture use unsuitable.

3.7 Patients allergic to denture materials.

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

The patient must follow all instructions for proper use and maintenance of the denture. It is the patient's responsibility to return to the dentist if unexpected problems arise.

If the denture is damaged due to normal use within 3 months of placement, the repair costs will be waived.

However, if the damage is due to misuse, self-modification, or alterations, the patient will be responsible for additional repair or replacement costs.

6. Patient Decision

I have read and understood the information regarding immediate removable dentures and have discussed treatment options and associated costs with the dentist.

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

☐ **I consent** to immediate removable denture placement, accepting all associated limitations, risks, and costs.

☐ **I do not consent** to immediate removable denture placement, and I understand and accept the consequences of my decision.

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.