



IMPRESSIONS DENTAL

5970 S. COOPER RD. STE #1 CHANDLER, AZ 85249 • (480) 814-8888

Dental Treatment Consent Form Dentures (Complete or Partial)

I realize that full or partial dentures are artificial, constructed of plastic, metal and/or porcelain. The possible concerns of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage. I realize that I will be charged for the denture at the time of impression; once the impression has been sent to our lab, a refund will not be issued if I change my mind about treatment. I understand the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. I understand that if an immediate denture is placed the same day as multiple extractions, I will need to come back for adjustments as the bone and tissue heal; this may be daily, weekly and/or monthly. I further understand that most dentures require relining approximately three to twelve months after initial placement; the cost for this procedure is not included in the initial denture fee.

Patient Name: _____

Patient and/or Guardian Signature: _____

Date: _____

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