

Prosthetic Repair Consent Form

I UNDERSTAND THAT REMOVABLE PROSTHETIC APPLIANCES (PARTIAL DENTURES AND FULL ARTIFICIAL DENTURES) include risks and possible failures associated with such dental treatment .The possibility of these risks and failures increases when the prosthesis was made at another facility. I agree to assume those risks and possible failures associated with, but not limited to, the following (even though the utmost care and diligence is exercised in preparation for, and fabrication of, prosthetic appliances, there is the possibility of failure with patients not adapting to them):

1. Soft or Hard Reline: I know that this is an attempt to fill a space between the denture and the tissue. While a vast majority of relines go well, there is a small chance that this reline may or may not fit or look exactly as I am expecting it to, or that the denture may not stay in any better than it did before the reline. Dr Jae Cho and his lab will do their best within reason to work towards my satisfaction with this reline; however, I also understand that relines carry no guarantees. (Initial):_____

2. Adding a Tooth: I know that this is an attempt to add a tooth where I am missing an additional tooth that the original prosthesis was not designed for or, to replace a tooth that has since broken off. I understand that this is not to improve the overall function of the prosthesis and is only to aid with the aesthetics of my smile. (Initial):_____

3. Repair of a Fracture: I know that this is an attempt to repair my prosthesis. I understand that this is in no way ensuring any longevity of the prosthesis and that Wildflower Dental can not guarantee that this restoration will hold for any given amount of time. I am aware that should this fail, a new prosthesis may be needed. (Initial):_____

4. Addition of a Clasp: I know that this is an attempt to add a clasp that the original prosthesis was not designed for or, to replace a clasp that has since broken off. I understand that this may not improve the overall function of the prosthesis and may compromise the adjoining teeth. (Initial):_____

5. Other: By initialing, I have agreed to Wildflower Dental making any changes to my pre existing prosthesis as they see fit. I have consented to let them make changes to their professional discretion. Changes being made:_____ (Initial):_____

I hereby authorize the dental office of Dr. Jae Cho to make the changes as indicated above to my full or partial denture. I understand that this is an addition to an existing dental prosthesis and not a new prosthesis, so it should not be held to the standards of a new prosthesis. It is the goal of Dr Cho and his team to provide me with the best dental care possible, and in this goal we need to make sure that you are fully aware of the treatment options and potential treatment outcomes that may occur. I am aware that this repair is a deviation from ideal, that ideally a new prosthesis would be fabricated. However, due to time and financial constraints, I may be electing to undergo a compromise in treatment. I understand that **no refunds** may be issued after consenting to the treatment indicated above. I have read this document in full and have had the opportunity to ask any questions I may have.

Patient Signature:_____ Date:_____

Witness Signature:_____ Date:_____