

Denture Consent Form

Patient Name:		Date of Birth:	
Address:			
Email:		Phone Number:	

I, _____, consent to the following dental procedure(s):

- Full denture placement
- Partial denture placement
- Denture adjustment
- Denture repair
- Other:

I acknowledge that the dentist has explained the risks and benefits associated with the procedure, including but not limited to:

- Discomfort or soreness during the adjustment period
- Potential for mouth sores or irritation
- Changes in speech or chewing function
- Other:

I understand that I am financially responsible for the cost of the procedure and any associated fees not covered by insurance.

I have read and understand the information provided in this consent form. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I consent to the proposed dental procedure(s).

Patient Signature:		Date:	
Witness Signature: (if applicable)		Date:	
Dentist Signature:		Date:	