

# Denture Consent Form

<b>Patient Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>Email:</b>		<b>Phone Number:</b>	

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).

<b>Patient Signature:</b>		<b>Date:</b>	
<b>Witness Signature: (if applicable)</b>		<b>Date:</b>	
<b>Dentist Signature:</b>		<b>Date:</b>	