

## Wendel Family Dental Centre Consent for Overdenture

I understand that an overdenture is an appliance in which the tooth replacement consists of acrylic teeth imbedded in a gum colored acrylic base. The overdenture is held with replaceable retainers to a metal substructure, which is attached to implants imbedded in the jaw. The appliance is stable and does not impinge upon delicate soft tissue. This causes a considerable biting force, which, in turn, increases the wear and tear on all components of the denture. This means the teeth will wear out faster or may fracture, the acrylic base may crack or chip and the metal components may fatigue and crack. Repeated removal and reinsertion of the appliance will cause the retainers to lose their retention to the substructure. A cracked substructure may eventually fracture and place adverse torque on the implants, causing them to loosen and be lost.

I understand that habits such as tooth clenching, grinding and consumption of foods requiring aggressive chewing, such as jerky, nuts and tough meats, will increase the possibility of appliance damage.

I understand that before the overdenture is completed, I will be presented with a preliminary set-up in wax that I can place in my mouth to observe the esthetics, including the arrangement, shape, color, and position of the teeth. Any changes need to be made at this stage. Once I approve of the preliminary set up, the overdenture will be completed and any changes, from this point forward, will be my financial responsibility. These charges will be in addition to the cost of the overdenture.

I understand that the teeth and retainers may need to be replaced frequently and, less frequently, the acrylic base repaired or the substructure repaired or replaced. In rare instances the entire appliance may need to be remade, with or without surgery, to replace or repair damage to the implants and their supporting bone.

I understand that I will need to adequately clean the overdenture daily, including its components, the implants, and supporting structures and my remaining teeth, if any. The overdentures need to be professionally examined and cleaned at least semi-annually.

**I understand that no guarantee has been made regarding the success or longevity of the appliance. I further understand that the costs of changes to tooth alignment, color, or position after approval of the preliminary set up, tooth replacement, maintenance or replacement of the appliance or any of its components, or any surgical procedures necessary to maintain the health of surrounding tissues, including but not limited to, implant replacement and grafting or revision of soft or hard tissue, are my responsibility.**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Treatment Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date