

Written informed consent

Complete Denture (Implant supported) Fabrication

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the complete denture fabrication and processing.

I have been explained about the condition of the dental implants and the supporting alveolar jaw bones. The need for multiple measurement in processing the complete denture and time required in getting trained in using of the complete denture after fabrication have been explained in detail. Post operative sequels like development of pain, loosening of the supporting implants have been explained and in such case i have been advised to see the doctor.

The need for regular care of the complete denture and followup with the doctor every 6 months has been discussed. I hereby agree to undergo the procedure as suggested by the doctor and follow up the same.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: