

Written informed consent

Complete Denture Repair

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the repair of removable complete denture.

I have been explained about the condition of the alveolar jaw bones that support the removable complete denture and the need for multiple measurement in processing the complete denture and time required in getting trained in using of the removable complete denture after fabrication and looseness of the complete denture have been explained in detail.

The nature of the complete denture is removable and I have been advised to remove the complete denture at night. The need for changing the complete denture every 5-6 years 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: