

**INFORMED CONSENT
PROSTHODONTICS**

Tampico, Tamps. Date: ____/____/____

You are hereby informed that you have the right to know the procedure to which you are going to undergo and the most frequent complications that occur. This document explains all these questions, read it carefully and consult all the doubts that arise. we remind you that, by legal imperative, you will have to sign the informed consent so that it can be carried out said procedure, without the signature of this document, no procedure can be carried out.

By the way, I declare to have been informed and to have fully understood the objective of the treatment is to replace missing natural teeth and rehabilitate aesthetic and phonetic function. of the oral cavity. Complete dental prostheses or plates are removable devices of all teeth, which require multiple appointments for size, color, and fit testing within mouth. Both the upper and lower dentures rest on the gum tissue and the suction help keep them in place :

materials

Agreed:

Alternative treatment: (Risk, Benefits and Harms):

I declare that my dentist has properly examined my mouth. That others have explained to me alternatives to this treatment, with conventional prosthesis (fixed with dental implant as anchorage of a different type of prosthesis, with a higher cost), and that these have been studied and considered methods that were informed to me, being my will that the treatment object of the this consent.

Limitations:

I have been informed and understand that, lacking mechanical fixation to the bone, these appliances experience some mobility when eating, especially the lower one. an aesthetic limitation One reason for this instability is that, in full dentures, the maxillary anterior teeth are not always They can be mounted on the anterior and inferior ones, according to the technical and mechanical indications. derived from the manufacture of removable prostheses, on many occasions it will not be possible to Reproduction of the position of natural teeth.

In the same way, I have been informed and I have understood that the duration of the prostheses is limited.

Therefore, it should be renewed periodically.

Typical Risks

- Strange sense of occupation.
- More saliva production than normal.
- Decreased sense of taste.
- Difficulties in pronunciation of certain sounds.
- Is likely to bite easily on the cheeks or tongue.
- Some discomfort (pain, swelling, ulceration) in the areas where the prosthesis rests, especially around the edges.
- They will probably move around a lot when eating, at least initially, so you should | chew from both sides.

Consequence of not carrying out the treatment.

- Bone reabsorption. (Of the maxillary and mandibular bone) P
- Joint and occlusion problems.
- Digestion problems.
- Alteration of phonation and aesthetics.

Personal risks.

In addition to the risks described above, due to my special circumstances, we have to wait for the following risks and specifications of the non-performance of the treatment

Indications. I have been informed and I have understood the necessary indications for the maintenance of the devices, which are the following:

- > Wash the prosthesis and the mouth after every meal., to | prevent tartar formation
- > Remove the prosthesis to sleep, so that the tissues rest.
- > While the prosthesis is out of the mouth, it should be kept in water to avoid knocks and deformations.
- > It is advisable to massage the gums to improve circulation and prevent its reabsorption as much as possible.
- > A review should be carried out every six months to observe the status of the teeth and mucous membranes, make adaptations to correct imbalances caused by the change in shape of the jaws and position of the teeth that always occur with | Over time.
- > Go to an immediate consultation whenever wounds, sores, pain appear or instability of the prosthesis.

I have read the instructions for handling, care and maintenance given to me by the doctor and I have understood all the explanations that have been provided to me in clear and simple language, I have been able to make all the observations and all my doubts have been clarified; so I'm fully in accordance with what is stated in this form of consent for the performance of the procedures.

Likewise, I understand that the placement of the prosthesis does not constitute the final act of the treatment, but that an adaptation process is necessary that may require adjustments, for which I commit myself to return to the next consultations that are indicated to me by the dentist.

I promise to take all the necessary care and precautions; to comply with the instructions indicated, without incorporating any modification; attend the stipulated controls and report any symptomatology that appears immediately to the responsible dentist, in order to treat it precociously. I confirm that I have read and understood the entire preceding document and that the faculty and your team have explained the entire surgical act to me and have allowed me to ask all the questions necessary, giving me answers to my concerns, in clear and simple language.

Therefore, I, _____ free in my decision, without any pressure or coercion, I voluntarily GRANT my consent to carry out the Prosthodontic procedure, proposed by my dentist, who has explained the content and scope of this informed consent and of the acts and/or procedures to which I voluntarily submit.

Name and signature of the patient.

CD Dominga Cortez Garcia.

Witness

REFUSAL OR REVOCATION OF CONSENT

After being informed of the nature and risk of the proposed procedure, a declaration of freely and consciously my DENIAL/REVOCATION OF CONSENT for its realization, taking responsibility for the consequences that may arise from this decision.

Name and signature of the patient.

CD Dominga Cortez Garcia

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