

**INFORMED CONSENT  
REMOVABLE PROSTHESIS**

Tampico, Tamps. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You have the right to know the procedure you are going to undergo and the complications more frequently occurring. This document tries to explain all these issues to you, please read it carefully and consult all the doubts that arise. We remind you that, by legal imperative, you or your legal representative will have to sign the informed consent so that you can perform the procedure described below, Without the signature of this document, no procedure can be carried out. Having read the above, by the way, I declare to have been informed and to have fully understood the convenience and purpose of the REMOVABLE PROSTHESIS procedure.

**WHAT IS IT AND WHAT IS IT FOR?**

The purpose of a removable prosthesis is directed at the replacement of missing teeth through a prosthesis that the patient can remove by their own means. It is evident that the function of a prosthesis will never be the same as that provided by natural teeth.

**PROCEDURE DESCRIPTION**

The treatment consists of several steps:

To start with the treatment, the impression will be taken (mold) for the manufacture of individual teaspoons:

- The laboratory will manufacture personalized spoons which work to take a exact impression of the mouth.
- By reproducing these molds of the mouth, the laboratory makes a base or skeleton metal for clasp fit testing (when teeth are present)

that function as pillars) and the increase or decrease in the height of the bite (vertical dimension), as well as the adjustment with the gum that supports the prosthesis. :

- Then the aesthetic tests of the teeth are carried out, which are glued to the base with wax, the bite is checked and adjusted.
- The removable prosthesis will be sent to finish only after I have approved the shape and color. Once the removable is acrylicized (finished), it is not possible to make modifications.
- At the end the laboratory will deliver the removable prosthesis finished in acrylic, the Treating dentist will place it and check that it fits around the entire contour of the gum to prevent it from hurting the tissues, be stable and comfortable in the bite.

#### **RISKS:**

1. Problems of adaptation to the prosthesis: A removable prosthesis does not stop being a body strange that is installed in the mouth trying to replace dental functions and therefore  
Therefore, it will require an adaptation period that will vary according to the patient's situation and the type of prosthesis. You may notice some pressure or pain on your teeth and gums, especially when biting food or closing the mouth, which will disappear with time.
2. Sensation of nausea: They are typical in upper prostheses that there is a sensation of nausea because the prosthesis occupies part of the palate, this sensation is usually  
fade with time and continued use.
3. Aesthetics: it is necessary to be clear that the materials cannot match the aesthetics of the natural teeth. If you do not maintain good hygiene, it is likely to change color.
4. Excess saliva: When having a foreign object, the mouth reacts and increases production of saliva, this reaction is gradually reduced
5. Decreased sense of taste: Being a carrier of a removable prosthesis can  
notice less perception of the sense of taste.

6. Pronunciation Difficulty: You may speak or pronounce incorrectly due to space that the removable prosthesis occupies in the mouth, the tongue changes position which makes certain sounds difficult.

7. Introduction of food: Lacking fixation to the bone, this type of prosthesis experiences some mobility, with the risk that when eating the remains of food are inserted just below the removable prosthesis, it is recommended to remove it and wash it, as well as chewing from both sides to avoid dislodgement.

8. Traumatic injuries: In the areas where the prosthesis is supported, there is a risk that ulcers or canker sores form due to rubbing; there is also the possibility of bites in the tongue and/or cheeks.

9. Caries in abutment teeth: When the prostheses are supported to the neighboring teeth by means of hooks, there is a risk that these teeth present cavities, so require a detailed hygiene in these, not treating them can lead to their loss.

10. Fracture of the denture: The dentures support great forces of chewing, due to the wear and tear of the removable can get to fracture so it will require its replacement. The duration of the removable prosthesis is limited, so it must be renewed periodically.

11. Changes in the bite: The removable prosthesis can alter the bite, giving the feeling that it hits before the other teeth or making the jaw feel sore This may require adjustment of the bite, lowering the surface of the teeth

## **CONSEQUENCES OF NOT CARRYING OUT THE TREATMENT**

- Bone resorption (Loss of bone volume in both jaws).
- Problems in the temporomandibular joint (TMJ)
- Digestion problems
- Alteration in the pronunciation of words
- Alteration in aesthetics.
- Changes in normal bite
- Mobility of the teeth
- Gum problems
- Loss of teeth present in the mouth
- Extrusion of opposing teeth

## **BENEFITS**

The proposed treatment is intended to replace lost teeth, as well as return the function and aesthetics.

## **ALTERNATIVES**

The treatment alternative consists of the placement of dental implants, which are titanium screws placed in the bone, these are complemented by individual crowns that they are screwed to the implant; The advantage is that it has great compatibility with the body, although hygiene is essential to obtain the success of the treatment and extend its duration; other treatment option consists of fixed bridges, these can be done if there are teeth pillars that manage to support the edentulous gap, that is, they are supported by crowns that they go on the teeth located on the sides of the toothless area.

I declare that I have been informed and understand that the REMOVABLE PROSTHESIS procedure in any of the methods of which the case is designated, not part of being inside a exact science, therefore, no guarantees or assurances can be offered on the result end of this procedure.

I fully agree with the instructions given to me by the treating dentist, nurse and/or assistant about the type of procedure I am undergoing and the risks involved may be submitted with the REMOVABLE PROSTHESIS procedure to be performed and before any side effects that may occur later, as well as the possible remedies to them and I have understood how to do it

I agree to undergo the REMOVABLE PROSTHESIS procedure, knowing the risks that this implies, delegating to my treating dentist and/or nurse the choice of the type method or technique used.

I also approve any modification in the application method or technique, if considered which is for the benefit of my health.

I declare that I have been informed of the complications, risks and benefits of the REMOVABLE PROSTHESIS procedure.

All my doubts have been clarified and I completely agree with what is stated in this format. If at the time of the intervention an anatomopathological situation arises different and more serious than the one foreseen, I give my consent for it to be acted in the most known, according to science and conscience regarding what is programmed, for the exclusive interest of my health, so from this moment I grant authorization to the health personnel, for the care of contingencies and emergencies derived from the authorized act, attending to the prescriptive freedom of my doctor.

I confirm that I have read and understood the entire preceding letter and that the physician and his team I have been explained the entire procedure in question and that I have been allowed to carry out all the necessary questions, giving me answers to my concerns, in a clear and easy.

Therefore, I \_\_\_\_\_ free in my decision, without pressure or coercion, voluntarily, I GRANT, my consent for the realization of the REMOVABLE PROSTHESIS procedure, proposed by the doctor, who has explained to me the content and scope of this informed consent and of the acts and/or procedures to which I voluntarily submit.

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Witness

\_\_\_\_\_  
Name and signature of the patient.

\_\_\_\_\_  
CD Dominga Cortez Garcia

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