



INFORMED ACCEPTANCE OF DENTURES AT TEETH TRY-IN

What is a try-in?

A try-in is a preliminary viewing of your dentures with the teeth set in gum-colored wax. It is used by the patient and dentist to evaluate and achieve the desired appearance of the final denture before the final denture is made.

Why is this step so important?

The wax try-in step is the point at which any changes to the appearance of the teeth can be made easily. Once the wax try-in has been approved by the patient, the final denture will be completed directly from the wax denture. It is especially important that the patient makes sure the appearance of the denture teeth is completely satisfactory at the wax try-in appointment. Adjustments to appearance cannot be made after the final denture is created.

What is our office policy?

We encourage patients to take their time and address any questions at the try-in appointment to ensure satisfactory results. When a patient has approved the look of the wax denture try-in and the final denture is made, we cannot change or remake the final denture without an additional fee being charged. Again, we encourage you to take your time and be sure the wax try-in is set to your satisfaction before the final denture is created.

I, the patient, have had the opportunity to evaluate the appearance of the dentures at the try-in stage and am satisfied with all the following:

- Color of denture teeth (Shade is not too light or too dark)
- Size of each denture tooth (Width and length is not too big or too small)
- Amount that denture teeth show when I smile (The teeth do not show too much or too little)
- Fullness of lip support (Lip is not too full or too sunken)
- Overlap of the front teeth (Upper and lower teeth bite together the way I like)

I approve of the denture appearance at the try-in stage and understand that the appearance will be the same as in the completed/final denture. I understand that additional fees will be charged for changes/remakes of the denture if any request for changes involving appearance are made by the patient.

Patient Signature _____

Date _____