

DENTURE TRYIN CONSENT

I understand and realize that this appointment is the new wax-try and is the final opportunity to make changes to my new dentures including but not limited to shape, fit, size and color. I understand that I must inform the dentist of any desired changes at this appointment. I understand that when I leave Premiere Dental after this appointment, the final dentures will be fabricated. I understand that I am not allowed to make any changes after this wax try-in appointment. I understand that I am not allowed to call in or return to make changes to the dentures. I understand that if I desire to make any changes after this appointment, I agree that I must pay the full fee for new dentures.

About the appearance of the denture.

- ☐ When my lips are relaxed, I like the way the denture looks.
- ☐ When I smile, I like the way the denture looks.
- ☐ The placement of the edges of the upper front teeth seems natural when I smile.
- ☐ The way that each tooth is set looks natural.
- ☐ The shade of the front teeth is acceptable.
- ☐ The size of the teeth is acceptable.
- ☐ The shape of the teeth is acceptable.
- ☐ When I bite straight together, the bite is fine.
- ☐ When I grind from side to side or forward and back, the bite still feels fine.
- ☐ I DO NOT want an additional wax try-in.

I understand that changes to the denture after processing will be at an additional cost to me. I accept my responsibility as future owner of my denture. I understand this consent form and agree that the Doctor and staff have answered all my questions and potential complications related to this procedure. I give permission to my dentist to make my dentures. By my signature below, I agree to all the above conditions and terms and understand them completely.

Patient Name: _____

Patient Signature: _____

Doctor Name: _____

Doctor Signature: _____

Date: _____