



Informed Consent Form for Valplast Denture Placement

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a procedure for the fitting and placement of Valplast dentures. Valplast dentures are flexible, nylon-based removable partial dentures designed to replace missing teeth.

Potential Benefits:

1. Replacement of missing teeth with a functional and aesthetic solution.
2. Improved ability to chew and speak.
3. Aesthetic improvement with a natural-looking appearance.
4. Metal-free option, reducing the risk of allergic reactions.

Risks and Complications:

I acknowledge and understand that the procedure, like all dental procedures, involves risks and potential complications including, but not limited to:

1. **Adjustment Period:** Initial discomfort or difficulty in speaking and eating.
2. **Oral Tissue Irritation:** Possible irritation or sore spots from the denture.
3. **Oral Hygiene Maintenance:** Risk of plaque buildup and gum disease if not properly maintained.
4. **Breakage or Damage:** While durable, the dentures can break or need adjustments over time.
5. **Fit Changes:** Changes in the mouth structure over time may affect the fit of the denture.

Alternatives to Valplast Denture Placement:

I understand that alternatives to Valplast dentures may include:

1. Traditional acrylic or metal-frame partial dentures.
2. Fixed bridges or dental implants.
3. Complete dentures if a significant number of teeth are missing.
4. No treatment, accepting the consequences of missing teeth.





Consent:

I confirm that the dentist has explained the Valplast denture placement procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo the fitting and placement of Valplast dentures as explained to me.

I also understand the importance of maintaining good oral hygiene practices, proper denture care, and regular dental check-ups following the procedure.

Patient Signature: _____

Date: _____

Dentist's Signature: _____

Date: _____

