



CONSENT FOR FINAL DENTURE

I request and authorize Dr. Landon Libby to complete the process of creating the final denture.

I am in agreement with the shape, size, shade, of the teeth and the overall fit of the denture.

I acknowledge at the delivery of the denture there may need to be adjustments made to the fit. There also may need to be a reline in the near future to ensure the long term fit of the denture.

I have freely chosen to undergo this treatment after considering the alternative forms of treatment for my condition. There are potential benefits, risks and complications will any and all forms of treatment.

I declare that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient signature

Date

Dr. Landon Libby