

CONSENT FORM: TEMPORARY REMOVABLE PARTIAL DENTURE (“FLIPPER”)

Acrylic/Flexible

The purpose of a flipper is to temporarily replace missing teeth, mainly for cosmetic concerns. A flipper is not a permanent prosthesis solution.

A patient may not want to be without certain teeth until they can permanently replace them. It can take 3-6 months for the bone and tissue to completely heal after an extraction(s).

A flipper is usually made before the teeth are extracted (removed). A flipper may not be an exact fit upon initial placement. For this reason, adjustment appointments may be necessary.

As the tissue surrounding the extraction site(s) heals, minor adjustments can be made to the flipper.

I UNDERSTAND that should I choose to leave the flipper out for an extended period of time, the natural teeth will shift and the flipper will not fit properly.

I HAVE BEEN ADVISED to remove the flipper before eating and advised to cleanse it after every meal. I have been advised to keep the flipper in the container of which I have been provided.

I UNDERSTAND that the following can occur when opting for a temporary, removable partial denture:

- Lifting or rocking during function
- Loosening as tissue and bone heals
- Discrepancy of shape and color
- Not getting used to size or acrylic retainer
- People with a sensitive gag reflex may not be able to tolerate
- Temporary change in speech and taste

Dr. _____ has explained to me the positives and negatives involved with a temporary partial denture (“flipper”).

I have accepted this treatment, I understand all of the above, and I have had opportunity to ask any questions regarding the procedure.

Patient name (please print): _____

Patient (or guardian) signature: _____ Date: _____

Dentist signature: _____