

**Morgantown Dental Group**  
**142 High Street Morgantown, WV 26505 (304)292-7307**

**Implant Denture Informed Consent: Final Acceptance Agreement**

The doctors and staff at Morgantown Dental promise to do their best in making you a nice set of dentures. However, I understand they cannot guarantee “perfection”. The shape, size, and shade of the teeth are acceptable to me with the fit of the Implant denture being comfortable also.

I understand that I am accepting this wax try-in with my 100% approval. This gives Morgantown Dental Group my authorization to send my dentures for final processing. Any changes made after **today** will incur additional charges. I understand that I will need time to adjust to the new dentures. The doctors and staff have agreed to help me through this adjustment phase within reasonable limits. This was explained to me at my initial appointment.

I understand that it is very important to follow after care instructions, upon receiving my dentures. After care instructions include, attending follow up appointments, maintaining good oral hygiene and going for regular check- up and cleaning appointments. Failure to do this can affect the success and longevity of the dental implant treatment. **Provided that the patient follows all recommendations there is a (3) year warranty, a warranty is by no means a guarantee. In medicine and dentistry there are NO guarantees. There will be no Free replacements or money returned!**

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: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dillard Street Dental**  
**Implant Over Denture Informed Consent:**  
**Final Acceptance Agreement**

The doctors and staff at Dillard Street Dental promise to do their best in making you a nice set of dentures. However, I understand they cannot guarantee “perfection”. The shape, size, and shade of the teeth are acceptable to me with the fit of the Implant denture being comfortable also.

I understand that I am accepting this wax try-in with my 100% approval. This gives Morgantown Dental Group my authorization to send my dentures for final processing. Any changes made after **today** will incur additional charges. I understand that I will need time to adjust to the new dentures. The doctors and staff have agreed to help me through this adjustment phase within reasonable limits. These were explained to me at my initial appointment.

I understand that it is very important to follow after care instructions, upon receiving my dentures. After care instructions include, attending follow up appointments, maintaining good oral hygiene and going for regular check- up and cleaning appointments. Failure to do this can affect the success and longevity of the dental implant treatment. **For all implant over dentures, the patient need to be followed after delivery, 1 week, 1 month, every 3 months for the first year, and cleanings/o ring replacements every 6 months forever. The o ring replacements are free for the first year, after that we charge \$146 for cleaning and o ring replacement. Provided that the patient follows all recommendations there is a (2) year warranty, a warranty is by no means a guarantee. In medicine and dentistry there are NO guarantees! There will be no free replacements or money returned!**

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: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_