



NEW ORLEANS DENTAL CENTER

During consultation with the doctor(s), the situation regarding the fabrication my new denture(s), has been discussed with me. I have been explained to and understand that, due to the amount of bone loss suffered by my jaws, a less than satisfactory retention (how well the denture “stays in”) of the denture may be achieved. I have been made aware of the alternate treatment to conventional dentures, such as an implant-supported denture, and have refused those alternatives. I will not hold the doctors responsible for the fit or retention of the denture(s).

Patient's name (PLEASE PRINT)

Date

Patient's Signature

Doctor's Signature