



New Orleans Dental Center
CONSENT FOR RPD FABRICATION

As part of the procedure for fabricating my new removable partial denture(s), I have been allowed to examine the “try-in” of the denture teeth in a wax/plastic holder, as long as necessary, in order to determine my satisfaction with the positions, shape, & color of the teeth. I understand that, except for the color of the wax, the partial denture(s) look now as they will be when the final partial denture(s) is/are fabricated. I hereby state that I am happy with the appearance of the setup of the partial dentures(s).

Patient's Name (PLEASE PRINT)

Date

Patient's Signature

Witness's Signature