

Written informed consent

Removable partial Denture Fabrication

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the need for the removable partial denture fabrication and processing in relation to the tooth/teeth numbered-----.

I have been explained about the condition of the remaining teeth and the jaw bones that will support removable partial denture. The need for multiple measurement in processing the partial denture and time required in getting trained in using of the removable partial denture after fabrication and looseness of the partial denture have been explained in detail.

The nature of the partial denture is removable and I have been advised to remove the partial denture at night. The need for changing the partial denture every 5-6 years has been discussed. I hereby agree to undergo the procedure as suggested by the doctor and follow up the same.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: