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Removable Partial Dentures Consent

What is a Removable Partial Denture?

A removable partial denture (RPD) is an appliance that replaces one or more missing teeth. It is not cemented in the mouth and can be taken out.

What material is in a Removable Partial Denture?

The framework of an RPD is made of a metal alloy, resin, or acrylic. The teeth are made of white acrylic or porcelain. The teeth are attached to the framework by pink acrylic which simulates gums.

What are the benefits of a Removable Partial Denture?

An RPD restores function and appearance to a broken down mouth. It is usually the most cost effective way of replacing teeth, especially in a mouth where many teeth are missing. An RPD can also provide important support to facial structures such as the lips; helping to in maintain a more youthful appearance.

What are the risks of a Removable Partial Denture?

RPD's, even under the best of circumstances, DO NOT have the same chewing efficiency as natural teeth. The ability to chew food depends on the stability and retention of the dentures. Stability and retention are affected by many factors, including the attachment of the dentures to natural teeth as well as the amount and type of bone, gums and saliva present in the patient's mouth.

What are the alternatives to a Removable Partial Denture?

- A bridge
- A complete denture
- Implants which attach to crowns or bridges, an RPD or a complete denture
- Leave your mouth as it is

How can an existing bite affect a Removable Partial Denture?

Uneven or excessive bite forces may cause wear and fracture of the denture teeth, denture base, denture clasps and natural teeth.

Are there any post treatment limitations once I have a Removable Partial Denture?

To keep the tissue under the appliance healthy your RPD should be left out of your mouth during sleep. The teeth in the RPD are not as strong as your natural teeth and you will not be able to chew as heavily on them. The appliance will tend to get food trapped underneath it and you may have to remove and clean it after eating.

Please sign below if you have understood all the above:

Patient/Guardian Signature: _____ Date: _____