

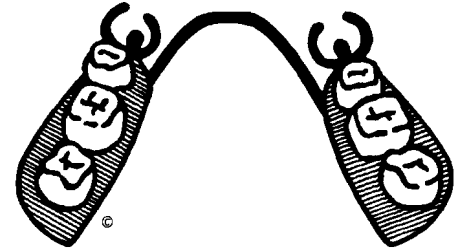


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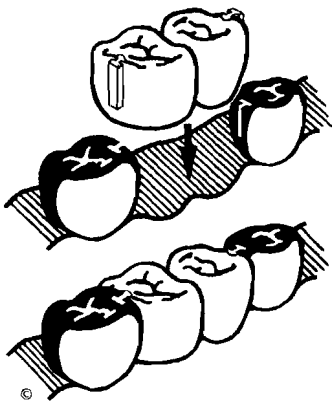
PARTIAL DENTURES

I have recommended a removable partial denture as part of the treatment plan devised for your dental needs. While this denture will not function as well as your natural teeth or a fixed bridge, it can offer you many years of reasonable service and function.

The bottom or base of your partial denture looks something like an upside down "U" and will rest on top of your gum tissue. The partial denture will be held in place by one or more of the following devices: clasps, rests, keyways, lingual bars and the like. I have explained which of these devices will be used in your denture.



Due to the situation created by the loss of teeth, partial dentures involve some problems which usually cannot be avoided. You may experience some soreness under the base where the denture rests on the gum tissue. This may be alleviated by adjustments to the denture and tissue treatment. If this is your first denture it may take you a while to become accustomed to its feel. Even experienced denture wearers need some time to adjust to a new denture. However, any continuing pain or discomfort should be brought to my attention.



Because your partial denture may, for purposes of stability, rely in part upon a connection or attachment to your remaining teeth, there is a chance that over time these teeth may be weakened or compromised sooner than if they hadn't been so employed.

Even though your partial denture cannot itself decay, it will trap food particles. Without thorough and regular brushing and cleansing of the denture you may encourage decay to adjacent natural teeth, create or exacerbate periodontal disease in those adjacent teeth and promote bad breath.

I invite your questions concerning the risks discussed and contained in this document. By signing below you acknowledge that you have read this document, understand the information presented and have had all your questions answered satisfactorily.

Additional comments: _____

Signatures: _____
 Patient _____
 Doctor _____
 Witness _____

Date: _____