

Dentures Authorization

First Name - Patient

Last Name - Patient

Patient Date of Birth

Attending Dentist: Dr. Lago

Dentures (Partial or Total). Authorization to Finalize

I have had the opportunity to evaluate the appearance of the dentures at this wax test stage and I am satisfied with all of the following:

- 1. Color of denture teeth (they are not too light or too dark).
- 2. Size of each tooth of the denture (the width and length are not too big or small).
- 3. Amount teeth teeth show when I smile (teeth do not show too much or too little).
- 4. Fullness of the labial support (the lip is not too full or too deep).
- 5. Overlap of the front teeth (the upper and lower teeth are bite together the way I like).

I have thoroughly evaluated the appearance (shape, color, position, size, etc.) of all new teeth and fully approve. I understand that if I request a change in the appearance of the teeth, after they have been processed there will be an additional charge of \$ 353.00 for the cost of the changes and reprocessing. This charge, as I understand it, applies to any change that I may require only for aesthetic reasons (appearance).

I also understand that there will be a 6 week period included in the total cost of my partial or total denture, where I can receive the necessary adjustments.
After that 6-week period if I request an adjustment, there will be an additional cost for each office visit.

Everything has been clearly explained, I understand it and I approve it. I have no more questions about it.

Print name

Signature

Clear