CENTRO DE ODONTOLOGÍA -> my-dentist-mallorca.com
Dr. Victor J. Hernández Darias - Odontologo*Dentist

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Personal data   Date:

Name:

NIE/NIF/ID number:

Laboratory made dentures
Local anaesthetic

Whether you have several teeth needing a restoration, or perhaps no teeth at all, we have a solution for everything.
In cases such as these, Dr. Victor J. Hernández Darias recommends a removable or fixed restoration made of acrylic, zirconium oxide or other ceramic or metallic materials. The material that is used depends on the location, the required durability, and on your personal habits and chewing behaviour.
The success rate for this procedure varies from person to person and will be discussed in detail, but it is very high if you collaborate closely with us. Reduced mouth opening and excessive saliva flow can negatively impact durability and treatment success. Special attention should be paid to oral hygiene.

The treatment takes place over several sessions and takes between 30 minutes and one hour/tooth. The duration of the entire treatment varies from person to person and also depends on your cooperation.
After the preparation of the mucosa, the teeth or the implants, further treatment takes place.
Dental impressions are taken using various silicones and alginates. You will then work with the dentist to select the best colour and a temporary will be produced. Depending on the restoration, you may already have a temporary from us.
Measurements are taken of the bite height, bite measures, and several fittings of the planned dental restoration might also take place.
Treatment alternatives/treatment options are removable or fixed options, which we clarify in consultation.

Consent to the dental procedure
I have been informed that the above-mentioned measure is to be carried out on me.
I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison to other methods of examination, treatment, surgery and refraining from the intervention.
I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary at a later date. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following **possible complications**:
   •   Allergic reactions
   •   Numbness
   •   Aspiration of objects
   •   Injury to the soft tissues
   •   Failure, further need for treatment
   •   Damage to the tooth nerve
   •   Sensitivities after treatment
   •   Incorrect shade matching/bite matching
   •   Pressure points, poor fit

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Any particular problems I had were discussed in detail, specifically:

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary further work and changes. I have been informed that photographic documentation may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

Signature of the patient