

CONSENT FOR TRY-IN

PATIENT:	<u> </u>
DENTURIST: Steve Bruno, D.D.	
PROCEDURE:	
n the course of fabricating your denture, it may be	necessary to have 1 – 2 try in appointments
At this time, your teeth are set in wax, which will all	ow you to try them on and share your
opinion with regard to esthetics and comfort. We e	encourage you to bring someone you trust
with you to your appointment, so they can give you	their honest opinion of your smile as well.
These try-in appointments also allow the denturist t	o recheck your bite to ensure the teeth are
set properly, and the shade matches any natural tee	eth you may have (this applies to partial
dentures). It is during this time that you are able to	discuss any concerns, and make any
requests for changes to your denture. If additional	changes are necessary to meet your needs,
additional appointments may be required, which we	e are happy to accommodate. Once you
nave approved this process, we will ask that you sig	n below, giving us consent to proceed.
hereby give my consent for the denturist to procee	ed with the final treatment.
PATIENT SIGNATURE:	DATE:
WITNESS SIGNATURE:	DATE: