

DENTURE COSMETIC CONSENT AGREEMENT

I have viewed the wax-up of my final teeth and I approve and consent to having the teeth completed as they are now *(Please initial)*

_____ Color

_____ Size

_____ Shape

_____ Position

_____ Bite/Occlusion is satisfactory

I understand that no changes will be made to the wax-up I have approved unless they are listed below:

I understand that in the wax-up stage, changes are easy to make. However, once the teeth are processed and completed, changes to the teeth can be difficult, time consuming, costly or even impossible to make. Therefore, if I desire any changes to the completed teeth, there will be an additional fee involved, if those changes can even be accommodated. By signing the form, I understand that a non-refundable \$1,000 lab fee has been deducted from the total amount paid for my dentures.

Patient's name (print)

Signature of patient, legal guardian or
Authorized representative

Witness to Signature

Date