

Star Dental LLC /Orthodontics

300 Hemingway Avenue
East haven, CT 06512
TEL: 203-469-5644
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Patient name: _____

Date: _____

Consent for Temporary Removable **Partial Denture (Flipper)**

To temporarily replace missing teeth, mainly for cosmetic concerns because patient may not want to be without certain teeth until they can permanently replace them. It takes 4-6 months for the bone and tissue to completely heal after an extraction. A flipper is usually made before the teeth are replaced. For this reason it may not look or fit perfectly after the teeth are removed and may appear to be shorter than the natural teeth as the bone and tissue heals. Minor adjustment can be made to flipper, but patient must understand that it is meant to be temporary and that most concerns will be addressed when the permanent replacement is made.

Although a flipper is mainly for “looks”, patients are to wear the flipper at all times including eating and sleeping if possible. If patient leave the flipper out for an extended period of time the natural teeth will shift and the flipper will not fit properly. Patients should take the flipper out to clean it and their natural teeth after every meal. If you must take the flipper out for any other reason, keep it in a container with your contact information on it.

Some concerns patient may have with a flipper include but or not limited to:

- Lifting or rocking during function
- Loosening as tissue and bone heals
- Discrepancy of shape and color
- Not getting use to size or acrylic retainer
- People with bad gag reflex may not be able to tolerate
- Temporary change in speech and taste

Dr. _____ and/or a member of his staff have explained to me option of having temporary removable partial denture (flipper) to replace my missing teeth until a permanent replacement can be made. I have accepted this treatment and understand all of the above and have had opportunity to ask any question regarding the procedure.

Patient signature or guardian

Date

Dentist signature

Date