

## Final Denture Approval

I have carefully **inspected the final arrangement of my denture teeth** and I am pleased with the **color, shape and arrangement** of these denture teeth. The appearance of my face with this tooth set up in place pleases me. I have had **adequate time** to make my decision and I give the dentists and staff of the Atlanta Dental Group PC permission to process, finish and complete my denture(s).

I fully understand that once these teeth are processed and fused to an acrylic denture base that I will not be able to make any further changes. I also understand that any further changes will require the construction of a new denture for which I will have to pay a new denture fee.

I understand that it often takes several weeks to process a final denture and that after the delivery of my denture(s), I have three ( 3 ) follow up denture adjustment visits at no charge for up to two months after the delivery of my dentures. After these three free visits or two months, whichever comes first, I understand that I will have to pay for each denture adjustment appointment. I am aware that dentures require **regular relines** to adjust to the changes in my gums and jaw bones. I realize that these follow up appointments are not included in my denture fee.

**Patient Signature:**

**Staff Signature:**

**Date:**

Atlanta Dental Group PC 1624 Piedmont Avenue, NE Atlanta, Georgia 30324  
( 404 ) 874-7428