

Flipper Authorization and Consent



- A flipper is an temporary acrylic prosthetic device for replacement of a single tooth or several teeth
- I understand that there are permanent solutions to tooth replacement such as dental implants, bridges and partial dentures.
- I understand that the replacement teeth are made to duplicate the appearance of a natural tooth but that since it is not a natural tooth I may be able to see the difference between the flipper tooth and my natural teeth
- I understand that the acrylic will be approximately 2-3 mm thick in order to provide adequate structure and support as well as aid retention in my mouth
- I understand that a flipper is temporary prosthetic appliance intended to maintain the spacing between my teeth, provide esthetics and in some cases maintain the shape of the tissue for the future placement of dental implants or bridges.
- I understand that I can eat with my flipper in place but that eating with a flipper in place will be different than eating with only natural teeth.
- I understand that my flipper may need to be replaced if it becomes stained, chipped or broken.
- I understand that my flipper will not last indefinitely and that normal 'wear and tear' will occur which may require the flipper to be replaced. It is not possible for us to determine how long your flipper will last because all individuals have unique sleeping, eating and hygiene habits. For example, some individuals grind their teeth at night.
- I understand that if my flipper is lost or broken that it is my responsibility to pay for replacement
- I understand that my flipper may cause alteration of my speech and that I may or may not be able to become accustomed the presence of the flipper
- I understand that my dentist and the dental laboratory will determine if wires or clasps are necessary to aid in retention of my flipper. Wires or clasps may or may not be present on your flipper. If you do not want any metal showing on your flipper please notify the dentist.

_____ I have had the opportunity to ask questions and receive answers about my flipper.

Patient Name (Printed): _____

Patient Signature: _____

Witness Signature: _____

Dentist Signature: _____