

## Informed Acceptance of Dentures at Wax Try-In

**What is a wax try-in?** A wax try-in is a preliminary viewing of your denture(s) with the teeth set in a gum-colored wax. It is used by the patient and dentist to evaluate and achieve the desired appearance of the final denture before the final denture is made.

**Why is this step so important?** The wax try in step is the point at which any changes to the appearance of the teeth can be made easily. But once the wax try-in has been approved by the patient, the final denture will be processed (completed) directly from the wax denture. The completed denture cannot be adjusted for appearance again. It is very important that the patient makes sure the appearance of the denture teeth is completely satisfactory at the wax try-in appointment.

**What is our office policy?** We encourage patients to take their time and address any questions at the wax try-in appointment(s) to ensure satisfactory results. We recommend that the family member or friend accompany you to help evaluate the wax try-in appointment. When a patient has approved the look of the wax denture try-in and the final denture is made, **we cannot change or remake a final denture** due to the patient's dissatisfaction with the appearance of the denture without an additional fee being charged.

Patient has had the opportunity to evaluate the dentures appearance at the wax try-in stage and is satisfied with all the following...

1. Color of denture teeth (shade is not too light or too dark)
2. Size of each denture tooth (width and length is not too big or small)
3. Amount that denture teeth show when I smile (the teeth don't show too much or too little)
4. Fullness of lip support (lip is not too full or too sunken)
5. Overlap of the front teeth (upper and lower teeth bite together the way I like)

Patient approves of the denture(s) appearance at the wax try-in stage, and understands that the appearance will be the same as in the completed/final denture. Patient understands that additional fees will be charged for changes/remakes of final denture(s) if any requests for changes involving appearance are made by the patient.

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Patients Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Dentist

\_\_\_\_\_  
Date