

Written informed consent

Vestibuloplasty Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the flat/inadequate alveolar edentulous jaw bone and the need of a minor surgery to increase the bone height exposure by pushing the gums and free tissue downwards, for better preparation of the complete denture later.

I have been explained about the procedure in detail including injection of the local anaesthesia, incision, release of the tissue, rearrangement of the tissue and closure with sutures at the end of the procedure.

Post-operative sequels like pain and swelling for few days have been explained. If not treated, less chances of preparing a good complete denture prosthesis are also explained.

I hereby agree to undergo the procedure and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: