



**GARSTANG  
DENTAL**  
REFERRAL PRACTICE

### **Confirmation of Trial Denture Approval**

I confirm that I have reviewed the appearance of the trial dentures carefully in the mirror, on video, and in photographs. I am happy with the appearance at this stage and understand that the final dentures will be made based on this approved trial.

I also understand that if I later change my mind about how the dentures look once they are made, this may require starting again with a new set of dentures, including additional appointments and associated fees.

Finlay will always do his best to help, but changes made after this point are not included in the current treatment plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_