



**ACKNOWLEDGMENT OF SATISFACTION WITH PROSTHESIS PRIOR TO  
FINAL DELIVERY**

I \_\_\_\_\_ have had the chance to evaluate the following prosthetic(s) prior to final delivery:

- Full Upper Denture
- Full Lower Denture
- Partial Upper Denture
- Partial Lower Denture
- Valplast Partial Upper Denture
- Valplast Partial Lower Denture
- Implant Prosthetic(s): \_\_\_\_\_
- Crown/Bridge/Veneer/Onlay/Inlay: \_\_\_\_\_

I have had the opportunity to examine the following aspects:

Color (shade) of the teeth

Size and shape of the teeth

Position of the teeth

Relative position of the teeth in relation to each other (bite)

Cosmetic appearance, and function and fit of the prosthesis

I am giving my approval for the final delivery of the prosthetic(s). I understand that any future changes to the prosthetic(s), other than customary adjustments, will be at my expense.

Signature

Print Name

Date