Name: _____

(208) 745-3011
243 E Fremont Ave.
Rigby, ID 83442

Overdenture Checklist

Answer the following questions and bring this sheet to your consultation.

1. Does your denture slip or click when you eat or talk? How does it impact your quality of life?

_____

2. Do you depend on adhesives to get through the day? How does it impact your quality of life?

_____

3. Were you previously told you're not eligible for implants? What was the reason?

_____

4. Has your jawline or face changed shape since you lost your teeth? How does it impact your daily life?

_____

5. Do you prefer a removable removable or fixed denture?

☐ Removable denture ☐ Fixed denture

6. How old is your current denture?

_____

7. Has your denture been relined, repaired, or adjusted recently?

_____

8. Is there anything about the look of your current denture that you want to either keep or change?

_____