

Denture Reline Appointment Comparison Sheet

Use this worksheet to describe the fit problem, record the proposed treatment, and compare a reline with other options. Bring it to your dental appointment.

Name: _____

Appointment: _____

1. About my denture

☐ Upper	☐ Lower	☐ Full denture	☐ Partial denture
Denture age: _____	Last reline: _____	Previous repairs: Yes / No	Adhesive: Yes / No

2. What am I noticing?

☐ Increasing looseness	☐ Rocks or tips while chewing
☐ Less suction	☐ Food gets underneath
☐ Increasing adhesive use	☐ New sore or pressure spot
☐ Changes in speech	☐ Harder to chew comfortably
☐ Bite feels different	☐ Crack, chip, or worn teeth
☐ Appearance concerns	☐ Other: _____

When did the change begin? _____ Sudden or gradual? _____

Describe where it moves, rubs, or hurts:

3. What did the examination show?

Area examined	Dentist's finding or explanation
Fit against gums/ridge	
Condition of oral tissues	
Bite and stability	
Denture teeth and base	

4. Treatment being recommended

☐ Adjustment only	☐ Hard reline	☐ Soft reline	☐ Tissue conditioner
☐ Rebase	☐ New denture	☐ Implant-retained option	☐ Other: _____

Why is this option recommended?

Compare the Proposed Treatment

Record the details in your own words. “Soft” and “hard” solve different problems; neither is automatically best for everyone.

Question	What I was told
Exact material or treatment	
Main goal: fit, support, cushioning, healing, or another need	
Temporary or longer-term?	
Chairside or laboratory procedure?	
How long might I be without the denture?	
Expected durability and follow-up	
Cleaning, soaking, and storage instructions	
Possible disadvantages or limitations	
Estimated cost	\$ _____
Estimated insurance contribution	\$ _____
Estimated amount I would pay	\$ _____

5. Questions before I decide

☐ Is my denture structurally sound enough to preserve?
☐ Why would this be better than an adjustment, rebase, or replacement?
☐ If this is a soft material, is it temporary or longer-term?
☐ How will I know when the liner needs maintenance or replacement?
☐ Could dry mouth or another condition be affecting comfort?
☐ What should I do if soreness or looseness continues?

My other questions:

--

Remember and seek care promptly

A reline changes the tissue-facing surface; it does not automatically correct badly worn teeth, a major fracture, an incorrect bite, or every cause of instability. Contact your dental office for a sudden fit change, persistent pain, repeated sores, bleeding, swelling, a crack or broken tooth, or a sore/red/white area lasting about two weeks. Facial swelling with fever or trouble breathing or swallowing may require urgent care.

This worksheet supports appointment preparation; it does not determine the correct treatment.