

**INSTRUCTIONS FOR NIGHT TIME APPLIANCES**

1. **CLEAN YOUR APPLIANCE WITH A DENTURE BRUSH TWICE A DAY – USE TOOTHPASTE OR HAND SOAP.**
2. **SOAK DAYTIME IN A DENTURE CLEANER – EFFERDENT OR POLIDENT.**
3. **IF SORE SPOTS ON GUMS DEVELOP OR YOU HAVE MUSCLE, JOINT OR TOOTH PAIN THEN NOTIFY OUR OFFICE.**
4. **YOUR APPLIANCE MIGHT INCREASE SALIVA FLOW.**
5. **USE THE CARRY CASE IF PROVIDED TO TRANSPORT THE APPLIANCE. DO NOT LEAVE IN REACH OF ANY DOG.**
6. **YOUR PARTIAL WILL BE CLEANED OF STAIN AND TARTAR AT HYGIENE VISITS, AND MIGHT NEED ADJUSTMENTS.**
7. **IF ITCHING OR BURNING OF YOUR ORAL SOFT TISSUES OCCURS THEN NOTIFY THE OFFICE. A YEAST INFECTION OR ALLERGY TO THE ACRYLIC MIGHT BE THE CAUSE AND WILL BE TREATED ACCORDINGLY.**

**IF YOU HAVE AN AFTER HOURS DENTAL EMERGENCY, CALL DR REIGH AT 610-582-9051**

**IF YOU HAVE A TRUE MEDICAL EMERGENCY SUCH AS EXCESS BLEEDING OR AN ALLERGIC REACTION, GO DIRECTLY TO THE CLOSEST EMERGENCY ROOM**