

CONSENT FOR DENTAL PROCEDURES- ATHLETIC MOUTH GUARD

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Patients Name: _____

Phone Number: _____

1. I hereby authorize Dr. Hoang and her associates and staff to perform upon me (Or the named patient) impressions for an athletic mouth guard.
2. Dr. Hoang has fully explained the mouth guard is to be worn during participation in athletic events. There are risks of injury when playing in athletic events and that a mouth guard be worn as a precaution and does not eliminate the possibility of injury to the mouth, teeth, and jaw joint.
3. I acknowledge that no guarantees or assurances have been made to me concerning The results intended from the procedure(s)
4. I confirm that I have fully read and understand the above.

Patient's (or Legal Guardian's) Signature

Date

Relationship (If not signed patient)

Witness' Signature

Date

Dentist Certification: I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to (including no treatment at the attendant risks) the proposed procedures. I have offered to answer any questions and have fully answered all such questions. I believe the patient/relative/guardian fully understands the nature and risks of the purposed treatment and have given voluntary consent to proceed.

Dentist's Signature

Date