

Mouth guard Consent Form

Painesville Dental Group

Dr. Dennis Horvath, Dr. Jerry Patriarca, and Dr. Michael Rodriguez
128 Mentor Ave. Painesville OH 44077 (440)354-2183 www.painesvilledentalgroup.com

Child's Name: _____ Age: _____ Sex: _____ Weight: _____ lbs

Parent's Name: _____

Address: _____

Postal Code: _____ Phone: (H) _____ (w) _____

Email: _____

Medical and Dental History

Are you presently under the care of a physician? Yes No

Are you taking any medication or drugs? Yes No

Have you an allergy, hay fever or asthma? Yes No

Do you have an allergy to latex or metal? Yes No

Are you diabetic? Yes No

Have you ever had jaw surgery or TMJ problem? Yes No

Have you ever had impressions taken of your teeth? Yes No

Do you gag easily? Yes No

Have you had any problems when you have received any dental treatment in the past? If yes, please give details: _____

Have you any concerns with your teeth or mouth? _____

Are you undergoing any dental treatment at this time? If yes, please give details: _____

Do you know any information which the doctors should be aware of that may be a reason why a mouth guard should not be made? If yes, please give details: _____

Have you ever had or been treated for any of the following, please circle

Rheumatic fever, scarlet fever, diphtheria, tuberculosis or lung disease, heart attack or heart disease, stroke, epilepsy, gall bladder disease, liver or kidney disease, high blood pressure, cancer, STD's, hepatitis, AIDS.

Are there any other conditions, not listed above, that we should be aware of? _____

Parental Release

I, _____, (please print your name clearly) am the _____ (parent/legal guardian) of the above mentioned child and have authority to give consent to treatment on behalf of said child. I am aware that a mouth guard is a piece of hard plastic which is designed to fit over and cover the upper teeth to protect the child's teeth and attempt to reduce the risk of dental injuries and trauma during athletic activity and that the use of a mouth guard can be uncomfortable and may cause gagging. I am also aware that the mouth guard can break from usual use by the child and that there is that there is a risk that the mouth guard can be swallowed or inhaled especially if broken. I understand that the mouth guard should be checked regularly to ensure it is not broken and that if it is, the child will no longer use the mouth guard. I acknowledge that: The child is attending at the Doctors' office only for the purposes of having a custom mouth guard made for the child (which shall include the taking of an impression of the child's upper teeth and fitting of the mouth guard) and hereby consent to this service being provided to the child by the doctor, and that the doctors are not attempting to solicit patients.

The doctors are not responsible for any injury or damages sustained by the child while using the mouth guard and that they are hereby released from any and all liability arising from the use of the mouth guard by the child or relating thereto in any manner whatsoever.

The child is only requesting the above mentioned service from the Doctors and is not relying on the Doctors to provide any diagnosis of or dental treatment to the child and that the child will seek dental treatment from a dentist of the child's choice at the child's expense

Parent or Guardian Signature

Date
