



Jeffrey Dixon DDS, MS
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927 Hopmeadow St.
Simsbury, CT 06070

***You do not have to be a patient to receive your **Free** mouth guard
from Simsbury Orthodontics LLC***

- Have your parent/guardian complete and sign the questionnaire below giving us permission to make your mouth guard.
- Call 651-9568 for your appointment for your mouth guard impression and make a second appointment to pick up your **Free** mouth guard.

Name of child: _____

Birth date: _____

Mother's name: _____

Father's name: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Is your child under medical care: Yes ___ No ___

Please explain: _____

Does the child have any allergies? Please List: _____

Does your child have a strong gag reflex? Y/N

I give consent to Simsbury Orthodontics LLC to fabricate and deliver a custom fit mouth guard and give consent to perform all necessary procedures in order to make a custom fit mouth guard for my child. I do not hold Simsbury Orthodontics LLC or Dr. Jeffrey Dixon responsible or liable for any accident or injury that may occur during play, sports or any other activity in which the mouth guard is worn by my child.

Signed by Parent/Legal Guardian

Date