

TMJ (Temporomandibular Joint Disease)
Release of Liability & Assumption of Risk

I, _____ have been informed by Dr. Selleck, that I may have symptoms that could lead to Temporomandibular Joint Disease. I understand that TMJ dysfunction can cause pain in the jaw joint, headaches, neckaches, pain in and around my face, difficulty chewing food, pain on opening or closing my mouth, grinding my teeth, sore teeth, and loose teeth and noise in the joints.

Additionally, I understand that by placing a mandibular advancement device, (**MAD**), to treat my obstructive sleep apnea, the symptoms of TMJ disease and associated pain could get worse and even become permanent causing severe pain and disability.

I understand that if my joint symptoms get worse with OSA therapy and I develop TMJ dysfunction, I might have to undergo treatment for TMJ, including but not limited to: joint injections, physical therapy, massage therapy, occlusal splint therapy, trigger point injections and surgery.

Having been thoroughly informed of the risk associated with providing OSA treatment in the presence of existing TMJ symptoms and having been given ample opportunity to ask questions; I, therefore, assume all risks associated with the treatment of my OSA with a MAD, and hold Dr. Selleck harmless and release him from all liability for any and all problems that I have or might have with my TM Joints or associated structures caused by or worsened by the use of a MAD for the treatment of Obstructive Sleep Apnea.

Patient's Name

Date

Witness

Date