



Mouth guard Info and Consent form:

Date: _____

Athlete's name: _____ DOB: _____

(print)

Name of Parent or Legal Guardian: _____

Relationship to Athlete: _____ Address: _____

City: _____ Zip Code: _____ (Ph # for delivery) _____

Medical and Dental History:

Has the athlete ever had an adverse reaction to an impression of their teeth or wearing a mouth guard?

Yes ___ No ___ If Yes, describe: _____

Do you have an allergy to latex? Y ___ N ___

Do you gag easily? Y ___ N ___

Do you wear braces? Y ___ N ___

Have you ever had jaw surgery or TMJ problems? Y ___ N ___

Are you currently undergoing any dental treatment at this time? Y ___ N ___

If Yes, describe: _____

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

Yes ___ N ___ If Yes, describe: _____

I hereby give the consent for _____ to have a custom made mouth guard fabricated by Dr. Mosley. The mouth guard is made specifically for my son/daughter and is not transferable. It is to be used solely for helping protect the teeth and surrounding tissues during athletic activities, events and practices and to help reduce the risk of dental injuries and possible help with concussions. The mouth guard is not to be cut or altered in anyway as this reduces the protective properties of the mouth guard. The mouth guard should be cleaned with toothpaste and cold water, and stored in a cool area, otherwise distortions may occur. I understand that this mouth guard is not a guarantee that injury will not occur.

Please fill out the consent form and athletes information and make sure your son/daughter have it with them at the impression taking. No impressions will be taken without the consent form and patient information form completely filled out and signed.

Please note that an additional appointment is necessary to deliver the mouth guard.

Athlete needs to be at the office for delivery.

Team: _____

(print)

Delivery Date: _____

(office use)

Jersey #: _____

Initials: _____

(office use)

Last Name: _____

(print)