

ABSOLUTE **D**ENTAL **C**CARE

Family, Reconstructive & Implant Dentistry

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SPORTS MOUTHGUARD INFORMED CONSENT FORM

I hereby give Dr. Jean F. Reitter permission to take impressions for the fabrication of a custom-made mouthguard for my child. I understand that it is strongly recommended that my child have the mouthguard delivered at the dental office. Typically up to one third of the guards need to be adjusted to fit properly. This will be a no cost office visit and can be done very quickly and easily. Please call our office at 303-443-1895 to schedule if possible.

I have been informed that the mouthguard needs to be examined periodically and is good for one season. If my son/daughter is wearing braces, the mouthguard may need to be replaced every three months. The mouthguard is made specifically for my son/daughter and is not transferable. It is to be used solely for the purpose of helping protect his/her teeth and surrounding tissues during athletic activities, events and practice and to help prevent concussions and reduce the probability of head, neck and oral injuries. The mouthguard is not to be cut or altered in any way. The mouthguard should be cleansed with toothpaste and cool water only, and stored in a cool area, otherwise distortions may occur.

My signature below indicates that I have read, understand and accept the above statements.

PLEASE PRINT ALL THE FOLLOWING INFORMATION:

Child's Name: _____

Parent/Guardian: _____

Address

City

Zip

Phone (_____) _____ **E-Mail** _____