



Mouthguard Information and Consent Form

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 ___

Is your health perfect? Yes ___ No ___

Are you taking any medication or drugs? Yes ___ No ___

Have you been warned against taking any medicines or chemicals?..... 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 mouthguard should not be made? If yes, please give details: _____

Do you know what a mouthguard is? Yes ___ No ___

Do you want to have a mouthguard made for you? Yes ___ No ___

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 acknowledge and consent that Dr. Ian Lowell and Aspen Smile Dentistry, PLLC (collectively referred to as the "Doctors") are not providing any dental examination of the above child.

I am aware that a mouthguard is a piece of hard plastic which is designed to fit over and cover the upper teeth to help 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 mouthguard can be uncomfortable and cause gagging. I am also aware that the mouthguard can break from usual use by the child and that there is a risk that the mouthguard can be swallowed or inhaled especially if broken. I understand that the mouthguard should be checked regularly to ensure it is not broken and that if it is, the child will no longer use the mouthguard.

I acknowledge that:

The child will be seen at his/hers team practice only for the purposes of having a custom mouthguard made for the child(which shall include the taking of a digital impression of the child's upper teeth and fitting of the mouthguard) and hereby consent to this service being provided to the child by the Doctors. And that the Doctors are not attempting to solicit patients.

This service is being provided at no charge to the community and that the Doctors are not responsible for any injury or damages sustained by the child while using the mouthguard and that they are hereby released from any and all liability arising from the use of the mouthguard 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 own expense.

_____ I agree that Dr. Ian Lowell and Aspen Smile Dentistry, PLLC can email me regarding the pick-up of this year's mouthguard and for notification of future mouthguard clinics and of related information. If you have any questions please email info@aspensmiledentistry.com

Signature

Date