

Jennifer L. Abraham, D.D.S.

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262-242-0720

Dear Athlete:

The following form is consent to allow Dr. Abraham to fabricate a custom laminated mouthguard for you to wear during athletic practice and competition. Use of a mouthguard can significantly decrease the chance of injury and may minimize the damage to teeth, mouth and jaw, if an injury occurs.

I consent to have the offices of Dr. Abraham fabricate a custom mouthguard for me. I understand that a mouthguard does not entirely prevent injury to the teeth, mouth, jaws and lips. I release the dental offices of Drs. Abraham from liability in the event of injury while the athlete is wearing a custom mouthguard.

Name of Athlete _____

Signature _____

Limited Self Evaluation of Face, Neck and Jaws

(These questions are not designed for diagnosis or treatment of physical or dental condition)

- | | | |
|-----|----|--|
| Yes | No | Do you have difficulty and/ or pain opening your mouth?
(yawning, for instance) |
| Yes | No | Does your jaw get stuck, locked, or “go out” |
| Yes | No | Do you have any difficulty or pain when chewing, talking, or using
your jaws? |
| Yes | No | Are you aware of noises in the jaw joints? |
| Yes | No | Do you have any pain in or around your ears, temples, or cheeks? |
| Yes | No | Does your bite feel uncomfortable or unusual |
| Yes | No | Do you have frequent headaches? |
| Yes | No | Have you ever had any injury to your head, neck, or jaws? |
| Yes | No | Have you previously been treated for a jaw joint problem?
When, where, and how? _____ |
| Yes | No | Do you wear fixed orthodontics? |
| Yes | No | Do you have any dental implants? |
| Yes | No | Do you have removable orthodontic or other dental appliance(s)? |

I understand that although mouth guards have been shown to reduce serious injury to the tee and/or jaws during many athletic activities, there can be no guarantee that the mouth guard will prevent or reduce injury to the teeth and/or jaws. The mouth guard is designed to be effective for one sport season, if kept in good condition. Torn or damaged mouth guards should be replaced to minimize chance of injury.

Athlete’s signature _____ Date _____

Parent’s Signature _____ (only for HHS and Cardinal) _____