

INFORMED CONSENT FOR IMPRESSION

I, _____, hereby consent for Headstrong Mouthguards to take a custom impression of my upper dentition for the purpose of fabricating a custom athletic mouth guard.

It has been explained to me and I understand that loose teeth, fillings, crowns, veneers, orthodontic appliances or prostheses could become dislodged by the taking of the impression which may require repair or recommendation by my regular dentist or a specialist.

I voluntarily accept the risk associated with the taking of the impression and agree to release and hold harmless Headstrong Mouthguards from any damage or injury resulting from the procedure.

I have been given an opportunity to ask questions regarding the procedure and all my questions have been answered to my satisfaction.

I certify that I have no allergies, heart or breathing conditions, or any other health condition that would interfere with or be affected by having the impression taken.

NO LATEX OR LATEX MATERIALS ARE USED IN THE PROCEDURE.

ALL OSHA-MANDATED INFECTION CONTROL MEASURES ARE STRICTLY FOLLOWED. ALL MATERIALS AND EQUIPMENT ARE DISPOSABLE.

Date:

Signature

Printed Name

Signature and consent of parent or guardian if the above person is under eighteen (18) years of age.

Signature

Printed Name