

PERMISSION FORM

CUSTOM-FITTED SPORTS MOUTHGUARD

PATIENT: _____
PRINT NAME

The above patient will be visiting our office soon to have a sports mouthguard fabricated. It will be made from 0.150" Thermo-Forming material and be custom fitted to the upper arch. I would like ensure that you have no concerns with respect to any orthodontic treatment underway.

- "Please go ahead and fabricate a custom fitted sports mouthguard for the above patient. The orthodontic treatment will not be adversely affected."
- "Unfortunately it is NOT recommended that the above patient wear a custom fitted sports mouthguard at this time. The orthodontic treatment would be compromised."

Dr. _____
PRINT NAME SIGNATURE DATE