Dental mouthguards are an effective, non-invasive treatment option to protect your teeth from injury during sport related activities. A custom-fit oral appliance will provide the best comfort and protection available.

Mouthguards, also called mouth protectors, help cushion a blow to the face, minimizing the risk of broken teeth and injuries to your lips, tongue, face or jaw. They typically cover the upper teeth and are a great way to protect the soft tissues of your tongue, lips and cheek lining.

While collision and contact sports, such as boxing, are higher-risk sports for the mouth, you can experience a dental injury in non-contact activities too, such as gymnastics and skating. Discuss the sports you participate in with your dentist, to determine when it is most appropriate to wear your mouthguard.

You may experience an initial adjustment period to your new mouthguard. If you experience prolonged discomfort, if the guard falls out regularly during use or you experience jaw joint (TMJ) pain, contact your dentist for a reevaluation of the fit. Do not wear a broken mouthguard as this may increase the risk of unintentionally swallowing the appliance.

While your custom mouthguard provides excellent protection of your teeth and gums during contact sports, it does NOT remove the risk of injury completely.

Care Instructions:

* Always transport the mouthguard in a sturdy container that has vents
* Never leave the mouthguard in the sun or in hot water
* Ensure that your mouthguard is out of reach of pets

Cleaning Instructions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please bring your mouthguard to all dental appointments, so your appliance can be professionally cleaned and evaluated for adequate fit and quality.

My signature below acknowledges I have read and understand the information provided to me and my questions have been answered.

Patient’s (or Legal Guardian’s) Signature Date

Print Patient’s (or Legal Guardian’s) Name/Relationship Date