



LODIVALLEYDENTAL LLP

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MOUTH GUARD CONSENT

Please read the following information carefully so that you will understand the conditions under which individuals are being seen. Participation in this service will enable you to receive a custom-constructed mouth guard. It will not, however, make you a patient of record at the office of Dr. Joel P. Crane and Dr. Steven Dow. In order to do that, an examination appointment must be scheduled.

I hereby give consent to Lodi Valley Dental, LLP, Dr. Joel P. Crane, Dr. Steven T. Dow, and their staff to perform on my child the treatment necessary to construct a custom athletic mouth guard.

I furthermore understand that although the athletic mouth guard is protection for the teeth and soft tissues of the mouth, injuries to these areas are still possible while wearing this appliance and I can claim no liability for these injuries to against Drs. Crane and Dow or their team.

I realize the proper care and safe keeping of the mouth guard is our responsibility. My child and I will follow any and all instructions as explained and directed. If the mouth guard requires repair or replacement, I realize I would be charged for any repair or replacement (current replacement price is \$250.00)

I have been informed that there are some risks inherent in all dental procedures including impression taking and the examination of the teeth and soft tissues of the mouth. I have had an opportunity to discuss any concerns regarding the construction of the athletic mouth guard. I understand and agree to the conditions set forth above.

If you have any questions or concerns regarding the fabrication of this appliance or your child's dental visit, please call the above number.

PLEASE PRINT Athletes' Name

Phone Number

Signature of Parent or Guardian

Date

