

www.marinsportsdentistry.com

Daniel C. Freeman, DDS

Six Bridge Street

San Anselmo, CA 94960

(415)454-6293

(415)454-8607 FAX

dan@marindental.com

Participant Information

Custom Athletic Sports Mouth Guard

Heat & Pressure Laminated

Dear Parents and Players:

In my ongoing effort to reduce sports related dental injuries and minimize concussions, I have offered to make custom fitting mouth guards for your student athlete. These guards allow for maximum comfort and protection during play and follow guidelines adopted from the U.S. Olympic Committee, UCLA football, and the Toronto Maple Leaf teams among others.

<http://www.sportsdentistry.com/mouthguards.html>

After a simple impression of the player's upper teeth, a clear or colored guard will be made in my dental lab. (Players with orthodontic appliances are invited to visit my office for a more detailed impressions.)

It is recommended that the player wear this athletic mouth guard during all contact activities and that it be replaced if there are any changes to the player's teeth. It is also recommended that a new guard be made at least once per year. Risk of injury is part of youth sport. This mouth guard is intended only to help minimize that risk but may not prevent injury.

Care instructions and contact information can be found on our web site:

<http://www.marinsportsdentistry.com/>

Please complete the Parental Consent Form attached, including a parent or guardian signature.

www.marinsportsdentistry.com

Daniel C. Freeman, DDS

Six Bridge Street

San Anselmo, CA 94960

(415)454-6293

(415)454-8607 FAX

dan@marindental.com

Parental Consent

Custom Athletic Sports Mouth Guard

I have read the Participant Information and consent to an impression of my player by MarinSportsDentistry.com, Daniel C. Freeman, DDS and staff in order to fabricate a custom athletic mouth guard for sports. I grant permission for MarinSportsDentistry.com to post event photos and testimonials of my player. No names will be published, sold, or traded. I understand that this or any mouth guard is intended only to help minimize risk but may not prevent injury.

School Name or Organization: _____

Student Athlete: _____

Address: _____

Home Phone: _____

Parent or Guardian: _____

Students General Dentist: _____

Color Preference:

- Clear (This is only an option for athletes that are not required by the officials to wear a guard during competition)
- Team Color

Signature: _____ Date _____
