

DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

INFORMED CONSENT AND AGREEMENT - CUSTOM-FITTED OCCLUSAL GUARD (NIGHT GUARD)

We are recommending a custom-fitted occlusal guard (night guard). Although night guards are designed to protect your teeth, you should also be aware that there are limitations, inconveniences, and potential risks that you should consider before undergoing treatment. Be sure to ask about anything that you do not completely understand, and make sure that you know exactly what is required of you as the patient (or as the parent/guardian of a patient).

Procedure

A night guard delivery requires two phases:

Phase I: Digital impression (scan) of your upper and lower teeth sent to the lab.

Phase II: Fitting and delivery of night guard.

- I understand that night guards help to protect my teeth and dental restorations like crowns and veneers.
- I understand that a custom-fitted night guard can play a significant part in preventing excessive forces by distributing the chewing forces more equally throughout the dentition.
- I understand that wearing a night guard may help to prevent dental sensitivity, pain, wear, and even tooth fracture. Night guards can also help to alleviate facial/jaw joint pain.
- I understand that the usage of a custom-fitted night guard may not reduce facial/jaw joint pain, or may even aggravate the symptoms. If this occurs, I must notify the office.
- I understand that with **no treatment**, I may continue to have signs and experience symptoms which may increase in severity, and the appearance of my teeth may continue to deteriorate.
- I understand that depending on the reason I am recommended a night guard, alternatives may exist. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

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Patient Name: _____ Date: _____

Diagnosis/Condition: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve all of my dental conditions. I have read and I understand the information set forth in this consent agreement. I have had my questions answered to my satisfaction.

- I give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment as described above and I understand the potential consequences associated with this refusal.

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to a custom-fitted occlusal guard (night guard) with the patient, who has had the opportunity to ask questions. I believe my patient understands what has been discussed and explained.

Dentist's Name Dentist's Signature

Date

Witness's Name Witness's Signature

Date