



### CONSENT, RELEASE AND WAIVER

Please read the following information carefully so that you will understand the condition under which individuals are being seen. Participation in this service will enable you to receive a custom mouth guard. It will not, however, make you a patient of record at Ekim Orthodontics. A complimentary examination appointment can be scheduled as desired.

#### CONSENT

I hereby give consent to Dr. Ekim and her team to perform the treatment necessary to construct a custom athletic mouth guard on the athlete. Dr. Ekim is not responsible for diagnosing or providing treatment for any dental conditions. Each athlete and their parents are responsible for maintaining regular visits with their primary care dentist and physician.

#### RELEASE

I furthermore understand that although the athletic mouth guard provides some protection for the teeth and soft tissues, injuries to these areas are still possible while wearing the mouth guard or during the sport/play. The wearing of a mouth guard of any kind cannot prevent injuries from occurring. Some examples are concussions, cuts, bruises, fractures, loose or broken teeth.

#### WAIVER

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 have read and understand the above information. By signing below, I release the doctors at Ekim Orthodontics, Ekim Orthodontics and all staff members from all liability of any kind associated with sports/play, and/or providing of the mouth guard, and waive all claims related thereto.

Athletes Name \_\_\_\_\_ Team \_\_\_\_\_ Age \_\_\_\_\_

Please list any allergies or condition(s) your child might have that we need to be aware of:

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

Print Name of Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_