I _____ acknowledge that Dr. _____ has explained the positives and negatives regarding the fabrication and necessity of an occlusal guard. I have been informed that an occlusal guard may minimize and prevent the effects of occlusal grinding and is being prescribed as a short-term preventive option. The doctor has explained that continued griding can ultimately lead to breakage, fracture or loss of teeth. I understand the occlusal guard can help by offering a layer of protection between my upper and lower dentition. I have been explained the importance and necessity of wearing the occlusal device at the times the doctor has prescribed and agree to wear the device as the doctor has prescribed. My failure to do so can lead to further damage to my existing teeth.

I acknowledge that no guarantee has been given that wearing the occlusal guard will reverse or correct any tooth decay, alignment issues or any additional occlusal issues I may currently have. I understand there may be other causes or underlying health issues which could be contributing to my bruxism, such as stress or systemic conditions I may not be aware of. I have been told that further examination by a health-care professional may be necessary. I fully understand that an occlusal guard is a short-term appliance and is not made to last indefinitely. The material can break down over time and may need to be replaced, and I agree to be liable for such charges should a new occlusal guard need to be fabricated at a future date. Further reasons the occlusal guard may need to be replaced include loss, damage, wear, or a change in the underlying anatomic shape of the teeth due to the need for fillings, crowns or any dental treatment which no longer allows the occlusal guard to fit properly. No warranty of lifespan has been given. I have been informed that my condition could require further treatments to correct my occlusal issues such as orthodontic treatment, crown restorations, implants and/or oral surgery. I further understand that each person and treatment situation is unique, and no guarantee has been given to me by any staff member of the practice that the proposed treatment or surgery will cure my dental condition.

I _____have been given the opportunity to ask questions related to the risks and benefits including alternative treatment options. I fully consent to the treatment, occlusal guard.

x_____ _____

Patient signature Date

x_____

Witness signature

x_____

Doctor signature