



Welcome to Wheaton Orthodontic Center

116 West Willow Ave
Wheaton, IL 60187
630-668-0197

We are excited that we can team together to help protect your child's oral health with a complimentary custom mouth-guard.

To allow us to become better acquainted, please provide the following information.

Patient Name: _____ Preferred Name: _____ Date: _____

Date of Birth: _____ Age: _____ Sex: _____

Team Name: _____ Sport mouth-guard will be used for: _____

Who can we thank for referring you to us? _____

Current Dentist: _____ Approximate date of last visit: _____

Parent/Guardian: _____ Contact Phone: _____

Address: _____ City: _____ Zip: _____

Please check if your child has a history of:

Clenching/Grinding teeth

Head/Neck soreness

Frequent headaches

Jaw joint soreness/popping

Frequent ringing in the ears

Facial/Dental Injuries

Is there any unfinished dental care to be completed?

Yes No Explain: _____

Is your child currently undergoing Orthodontic treatment?

Yes No with Dr.: _____

Please list any medications taken, any known allergies (ie: metal / latex) or other information you feel may be helpful:

Athletic mouth-guards are an important tool in protecting the teeth and jaws while participating in any activity where your face can come in contact with something hard such as: a ball, the ground, another player or other hard objects. Use of a mouth-guard will not prevent all injuries. When worn properly, mouth-guards may help to minimize damage to the teeth and jaws due to facial trauma.

Custom Mouth-guard Procedure:

Please call us at 630-668-0197 to reserve a time for you and your child to visit our office. At your initial visit a dental impression will be made of your child's upper teeth and an appointment for delivery of the mouth-guard will be made. With the dental cast made from this impression, we will fabricate a custom mouth-guard for your child. Fabrication time is typically 7 working days. A parent or guardian needs to be present at each appointment. Note: A special orthodontic mouth-guard is available if your child currently has orthodontic appliances.

Mouth-guard Consent:

I, the undersigned, being the parent or legal guardian of the above minor (patient):

1. Consent to the gathering of dental impressions on the above minor for the purpose of fabricating a dental mouth-guard.
2. Understand that Dr David Allen and its staff make no warranty as to the limitation of injury that may be experienced in the event of an accident while wearing protective devices provided by our office or employees, such as mouth-guards; and that by accepting this service, you agree to hold harmless Dr. David Allen and its staff from any liability or claims as a result of these services.
3. Attest that the above information is accurate and complete to the best of my knowledge and I will not hold Dr. David Allen, its doctors or staff responsible for any errors or omissions that I may have made in the completion of this form.

Signature of Parent/Guardian

Date