

ONGUARD! CUSTOM MOUTHGUARDS

HEALTH CONSENT FORM

We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. Please ask should you have any questions regarding this.

CONSENT FOR TREATMENT

It has been clearly explained to me, and I understand what is involved with the taking of an upper impression in order to have a custom mouthguard made for the client named on the reverse side of this page.

CONSENT FOR THE COST OF OUR SERVICES

I understand that I am responsible for picking up the custom mouthguard when it is ready and to pay the fee of \$45.00. This fee includes professional service, fee for the mouth guard and all applicable taxes.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with Dental Hygiene goods and services and a custom mouthguard, ONGUARD! Custom Mouthguards will collect some personal information about me or my child (e.g., address, phone number, medical and dental history etc).

I have reviewed ONGUARD! Custom Mouthguards Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that if I require any further services of ONGUARD! Custom Mouthguards that I will personally contact them.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to ONGUARD! Custom Mouthguards collecting, using and disclosing personal information about me as set out above and in the ONGUARD! Custom Mouthguard Privacy Policy.

I agree to give my consent for myself/my child to have an upper impression taken and a custom mouth guard fabricated.

I agree to pay the associated fee.

Signature of parent/guardian or client if over 18

Date