

# ONGUARD! CUSTOM MOUTHGUARDS

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The information below is being collected to ensure the safe and effective delivery of a custom mouthguard.

Name of person receiving mouthguard: \_\_\_\_\_

Parents name:(if under 18) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

(your email address will only be used to advise you of future clinics that we hold)

Date of birth: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

## MEDICAL HISTORY

Do you presently or have you ever had any of the following:  
(indicate yes or no)

Heart conditions: \_\_\_\_\_ Breathing problems/asthma: \_\_\_\_\_

Allergies: \_\_\_\_\_ Seizures/epilepsy: \_\_\_\_\_

## DENTAL HISTORY

Are you currently under the care of an orthodontist? \_\_\_\_\_

Have you recently seen an orthodontist and may begin an orthodontic treatment in the near future? \_\_\_\_\_

Is your family dentist planning any treatment in the near future? \_\_\_\_\_

Colour Choice: \_\_\_\_\_ (to be determined at time of fitting)

ONGUARD! Custom Mouth Guards follows all standards set out by the College of Dental Hygienists of Ontario. ONGUARD! works within accordance of the privacy act pertaining to the collection of personal information.

I hereby give consent for myself/my child to have an impression and a custom mouthguard constructed and will assume the fees associated with these procedures.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date