

St. Vincent / St. Mary's Custom Athletic Mouthguard Program

Dear Athlete,

The risk of serious injury to the head and mouth is inherent in all contact sports. Dental professionals and athletic trainers urge all participants in contact sports to wear a properly fitted mouthguard when playing or practicing, to reduce the degree of injury from traumatic blows to the head and/or mouth.

Dr. Dan Brett, DDS, in conjunction with Sportsguard Laboratories is providing free dental impressions to have the **BIOGUARD®** mouthguard fabricated. The mouthguard is professionally fitted custom athletic mouthguard made from a dental impression of the athlete's upper teeth. Sportsguard Laboratories is the manufacturer of the **BIOGUARD®** mouthguard, which offers superior protection and allows the player to breathe and speak while competing without hindrance. Dr. Brett and Sportsguard Laboratories, Inc have fabricated athletic mouthguards for athletes in the NHL, NFL, NBA, and Olympics. The mouthguard will be made with the athletes named laminated in it as well as a labeled mouthguard case. The fee for a single color (twelve color choices) mouthguard is \$_____.

For those athletes in active orthodontic treatment or mixed dentition (adult and baby teeth present), the general guideline is that the custom mouthguard will fit for approximately 3-4 months. Older athletes with permanent teeth can expect much longer wear with proper care.

The wearing of a mouthguard of any kind cannot prevent all head/mouth injuries from occurring. But a properly fitted, custom-fabricated mouthguard can prevent most injuries. **Dr. Brett will be available at St. V/St. M's on _____** - to take impressions of the players' teeth so a mold can be made to fabricate the mouthguard. In order for an impression to be taken, the player **must have** this form signed by a parent/guardian allowing Dr. Brett to take this impression.

WAIVER FORM

I have read and understand the above information concerning mouthguards. By my signature below I agree to allow Dr. Brett to take a dental impression of my child's teeth and waive any claim against the St Vincent / St. Mary's, Dr. Daniel Brett, Sportsguard Laboratories, Inc., and Assoc.

Athlete's Name (Please Print Clearly) _____

Parent/Guardian Signature _____

Address _____ City _____ State _____ Zip _____

Date _____

Please make checks to **Sportsguard Laboratories, Inc.** for \$_____. Payment must be made at time of impressions

Mouthguards will be mailed to the athlete approximately 2-4 weeks after impressions.