CONSENT FORM · GENERAL

# Consent for Night Guards and Sports Mouthguards

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

| PATIENT FULL NAME | DATE OF BIRTH | PATIENT NUMBER |
|---|---|---|
| | | |

| TOOTH, TEETH OR AREA | TREATING CLINICIAN | DATE |
|---|---|---|
| | | |

SECTION 1

## About your treatment

Custom made guards that fit over your teeth: night guards to protect teeth and reduce strain from clenching or grinding, and sports mouthguards to help protect your teeth during contact sports.

Many people clench or grind their teeth, often at night without knowing. This can wear and crack teeth and fillings, and may cause jaw ache or headaches. A night guard (occlusal splint) is a hard or soft appliance that fits over your upper or lower teeth. It spreads the forces and protects the tooth surfaces. It does not usually stop grinding itself.

A sports mouthguard is a thicker, cushioned guard made from a digital scan of your teeth. A custom guard fits more closely and comfortably than a shop bought one and is less likely to move during play. It reduces, but cannot remove, the risk of injury to the teeth and jaw.

**What happens**

| STEP | WHAT IT INVOLVES |
|---|---|
| **1. Assessment** | We check your teeth, bite, jaw joints and muscles, and talk about your symptoms or sport. |
| **2. Digital scan** | We take a 3D scan of your teeth and a record of your bite. |
| **3. Design and making** | Your guard is made by a dental laboratory to fit your teeth. |
| **4. Fitting** | We fit the guard, adjust it so your bite is even, and show you how to put it in, take it out and clean it. |
| **5. Review** | We review the fit and comfort after a few weeks and adjust if needed. |

SECTION 2

## Expected benefits

- Protects teeth, fillings, crowns and veneers from wear and cracks.
- May ease jaw ache, muscle tension and morning headaches.
- Custom fit is more comfortable and stays in place better.
- A sports guard helps protect against chipped or knocked out teeth.
- Helps protect the investment you have made in cosmetic or restorative treatment.

SECTION 3

## Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Getting used to it** | The guard may feel bulky at first. Extra saliva or a dry mouth is common for the first week or two. | Common |
| **Jaw or tooth discomfort** | Teeth or jaw may feel tight or achy in the morning at first. This usually settles. Let us know if it does not. | Common |
| **Change in bite** | Wearing a guard that covers only some teeth, or wearing it for long periods, can occasionally move teeth or change the bite. We design and review guards to reduce this. | Uncommon |

| RISK | WHAT IT MEANS | HOW LIKELY |
|---|---|---|
| **Symptoms not improving** | A guard protects teeth but may not relieve jaw pain for everyone. Other care, or a referral, may be needed. | Uncommon |
| **Wear or breakage** | Guards wear down, crack or are lost over time and may need replacing. | Common |
| **Hygiene problems** | If not cleaned, a guard can collect plaque and smell, and may raise the risk of decay or gum problems. | Uncommon |
| **Allergy to the material** | Reactions to the guard material are rare. Tell us about any allergies, especially to acrylics. | Rare |
| **Not full protection in sport** | A mouthguard reduces, but cannot prevent, dental and jaw injuries. | Common |

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

## Alternatives, including no treatment

- **No treatment**: grinding may continue to wear and crack teeth and restorations, and jaw symptoms may persist. Playing contact sport without a guard leaves teeth at greater risk of injury.
- **Shop bought or boil and bite guard**: cheaper, but usually looser, bulkier and less comfortable.
- **Self care for jaw pain**: soft diet, jaw rest, warm compresses, relaxation and stress management.
- **Referral**: to a specialist or physiotherapist for persistent jaw joint or muscle problems.

SECTION 5

## Costs

| ITEM | GUIDE FEE |
|---|---|
| **Night guard** | Quoted at consultation |
| **Custom sports mouthguard** | Quoted at consultation |
| **Advanced digital 3D scan and imaging** | £150 |

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £ _____ PLAN REFERENCE _____ ESTIMATE VALID UNTIL _____

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

## Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

## Your consent

Please initial each statement you agree with.

I understand that a night guard protects my teeth but does not usually stop grinding or clenching. ☐

I understand that it may take one to two weeks to get used to wearing the guard. ☐

I understand that a guard may occasionally cause changes to my bite, and that I should attend reviews and report any change. ☐

I understand that a guard may not relieve all jaw pain or headaches. ☐

I understand that a sports mouthguard reduces, but does not prevent, injury to my teeth and jaw. ☐

I understand that guards wear and may need adjusting or replacing over time. ☐

I understand how to clean and store my guard. ☐

I have read this form and the information leaflet, or had them read to me, and I understand them. ☐

| | |
|---|---|
| I have had enough time to consider my options, and my questions have been answered to my satisfaction. | ☐ |
| I understand the alternatives, including no treatment, and the material risks that apply to me. | ☐ |
| I understand the costs set out in my written treatment plan. | ☐ |
| I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk. | ☐ |
| I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed. | ☐ |
| I agree to clinical photographs, scans and X-rays being taken for my dental records. | ☐ |

SECTION 8

## Signatures

**Patient.** I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

**Parent or guardian** (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

**Interpreter** (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

**Clinician.** I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE | CLINICIAN SIGNATURE | DATE | TIME

**Questions or second thoughts?** Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.