



Athletic Mouth Guard Consent

Please read the following information carefully so that you will understand the conditions under which individuals are being seen. Participation in this service will enable you to receive a custom-constructed athletic mouth guard. It will not, however, make you a patient of record at the office of Dr. Jeff Keh. In order to do that, an examination appointment must be scheduled.

I hereby give consent to Dr. Jeff Keh and his team to perform on my child the treatment necessary to construct a custom athletic mouth guard.

I furthermore understand that although the athletic mouth guard is protection for the teeth and soft tissues of the mouth, injuries to these areas are still possible while wearing this appliance and I can claim no liability for these injuries against Dr. Keh or his team.

I have been informed that there are some risks inherent in all dental procedures including impression taking and the examination of the teeth and soft tissues of the mouth. I have had an opportunity to discuss any concerns regarding the construction of the athletic mouth guard. I understand and agree to the conditions set forth above.

Athlete's Name

Sport

Signature of Parent or Guardian

Date

Address

Phone Number

23530 Kingsland Blvd, Ste 120
Katy, Tx 77494
281-396-4635