



PRO TEC CUSTOM MOUTH GUARDS

The Protection Your Mouth Deserves

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

Name of Person receiving the mouth guard: _____

Parents Name (if under 18 years of age): _____

Address and postal code: _____

Home Phone #: _____

Cell # _____

E-mail Address: _____

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

Date of Birth: _____

Dentist's Name: _____

Physician's Name: _____

MEDICAL HISTORY

Do you presently have any health issues or allergies? _____

Are you planning to have orthodontic treatment in the near future? _____

Color Choice for your new mouth guard: _____

Pro Tec Custom Mouth Guards follows all standards set out by the College of Dental Hygienists of Ontario.

Pro Tec Custom Mouth Guards works within the accordance of the privacy act pertaining to the collection of personal information.

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

protecmouthguards.com
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519-242-3602
2545 Shantz Station Road, Breslau



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Health consent form

We want your informed consent. This means 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 mouth guard made for the client.

Consent for the cost of our services

I understand that I am responsible for picking up the custom mouth guard when it is ready and to pay the fee of \$50.00. 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 mouth guard, Pro Tec Custom Mouth Guards Privacy Policy about the collection, use and disclosure of personal information. I understand how the privacy policy applies to me. I have been given the 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 Pro Tec Custom Guards I will personally contact them.

I agree to Pro Tec Custom Mouth Guards collecting, and using personal information about me as set out above and in the Pro Tec mouth guard privacy policy.

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

Signature : _____

Date: _____