



# *We Want To* **Guard YOUR Smile**

In an effort to protect our local youth, Bull Mountain Orthodontics is offering to make your team **complimentary custom mouth-guards!**

## *What you should know:*

- There are **TWO** visits to schedule:
  - 1) Mouth-guard impressions
  - 2) Mouth-guard delivery and fitting
- Because we will be opening our office on a special day for your team, we request that all team players come at the same time for both visits. There is an exception to teams larger than 25 players.
- It takes up to two weeks to fabricate the mouth-guards from the impression material.
- Mouth-guards can be fabricated in a variety of colors and with or without straps. Please call to check availability.
- Orthodontic mouth-guards are also available for those in braces.



**We are happy to provide one custom mouth-guard for each team member per year!**

Each player must bring their **consent form** to the **impressions appointment** and be present at mouth-guard delivery to ensure proper fitting.

**\*\*In addition to complimentary mouth-guards we will also donate \$150 to your organization for each new patient who is referred by your team and starts treatment at our office! Ask for details!**

**To schedule team impressions or for more information contact Kasi: (503) 620-4626**



# Welcome to Bull Mountain Orthodontics

Corner of Durham Rd & Hwy 99  
11545 SW Durham Road, Suite B6  
Tigard, OR 97224  
p. 503-620-4626 f. 503-601-6004

We are excited that we can team together to help protect your child's oral health with a complimentary custom mouth-guard.

To allow us to become better acquainted, please provide the following information.

Patient Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Team Name: \_\_\_\_\_ Sport mouth-guard will be used for: \_\_\_\_\_

Who can we thank for referring you to us? \_\_\_\_\_

Current Dentist: \_\_\_\_\_ Approximate date of last visit: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check if your child has a history of:

Clenching/Grinding teeth

Head/Neck soreness

Frequent headaches

Jaw joint soreness/popping

Frequent ringing in the ears

Facial/Dental Injuries

Is there any unfinished dental care to be completed?

Yes  No Explain: \_\_\_\_\_

Is your child currently undergoing Orthodontic treatment?

Yes  No with Dr.: \_\_\_\_\_

Please list any medications taken, any known allergies (ie: metal / latex) or other information you feel may be helpful:

Athletic mouth-guards are an important tool in protecting the teeth and jaws while participating in any activity where your face can come in contact with something hard such as: a ball, the ground, another player or other hard objects. Use of a mouth-guard will not prevent all injuries. When worn properly, mouth-guards may help to minimize damage to the teeth and jaws due to facial trauma.

### Custom Mouth-guard Procedure:

Please call us at 503-620-4626 to reserve a time for you and your child to visit our office. At your initial visit a dental impression will be made of your child's upper teeth and an appointment for delivery of the mouth-guard will be made. With the dental cast made from this impression, we will fabricate a custom mouth-guard for your child. Fabrication time is typically 7 working days. A parent or guardian needs to be present at each appointment.

Note: A special orthodontic mouth-guard is available if your child currently has orthodontic appliances.

### Mouth-guard Consent:

I, the undersigned, being the parent or legal guardian of the above minor (patient):

1. Consent to the gathering of dental impressions on the above minor for the purpose of fabricating a dental mouth-guard.
2. Understand that Bull Mountain Orthodontics and its staff make no warranty as to the limitation of injury that may be experienced in the event of an accident while wearing protective devices provided by our office or employees, such as mouth-guards; and that by accepting this service, you agree to hold harmless Bull Mountain Orthodontics and its staff from any liability or claims as a result of these services.
3. Attest that the above information is accurate and complete to the best of my knowledge and I will not hold Bull Mountain Orthodontics, its doctors or staff responsible for any errors or omissions that I may have made in the completion of this form.

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

\_\_\_\_\_  
Date