



Eric W. Howard, DMD, PhD
Manish Lamichane, DDS, MMSc
Andrew C. Long, DDS, MSD
Ross E. Long, Jr., DMD, MS, PhD

CONSENT FOR SPORTS MOUTHGUARD

I am requesting Long Orthodontic Associates, LLC to make a sports mouthguard for

_____.

Patient's Name

I agree to have the impression taken and receive the sports mouth guard from Dr.

_____, and release Long Orthodontic Associates, LLC from all future responsibilities pertaining to this mouth guard.

Date

Patient/Parent/Legal Guardian Signature

Date

Witness

Please list below any medical conditions for which you are currently under treatment, or which may affect our delivery of the sports mouthguard:
