



Nightguard Consent Form

I understand that my dentist has recommended the use of a nightguard to protect my teeth and/or dentalwork during sleep. I have been provided with information regarding the purpose, benefits, and potential risks associated with wearing a nightguard.

I understand that the purpose of the nightguard is to prevent damage caused by bruxism (teeth grinding) and/or temporomandibular joint (TMJ) disorder. By wearing the nightguard, I acknowledge that it may help alleviate symptoms such as jaw pain, headaches, and tooth wear.

I have been informed that while wearing the nightguard, there may be minor discomfort or an adjustment period initially. Additionally, there may be a need for periodic adjustments to ensure proper fit and effectiveness.

I understand that neglecting to wear the nightguard as instructed may result in continued or worsening symptoms, as well as potential damage to my teeth and dental work.

I acknowledge that I have had the opportunity to ask questions and have received satisfactory answers regarding the nightguard, its use, and its potential effects.

I hereby consent to the fabrication and use of a nightguard as recommended by my dentist, and understand that it is my responsibility to follow the care instructions provided.

Patient Name: _____

Date: _____

Signature of Patient/Parent: _____