

**Bangor Dental Associates
Michele E. Spekhardt, DMD
Jerome A. Jackson, DDS
62 Corporate Drive
Bangor, ME 04401
(207) 947-7503**

Participant Information
Custom Athletic Sports Mouth Guard
Heat & Pressure Laminated

bangordentalassociates.com
62 Corporate Drive
Bangor, ME 04401
(207)947-7503

Dear Parents and Players:

In our ongoing effort to reduce sports related dental injuries and minimize concussions, we have offered to make custom fitting mouth guards for your student athlete. These guards allow for maximum comfort and protection during play and follow guidelines adopted from the U.S. Olympic Committee, UMaine football, and the Boston Bruins hockey teams, among others.

After a simple impression of the player's upper teeth, a clear or colored guard will be made in my dental lab. (Players with orthodontic appliances are invited to visit my office for more detailed impressions).

It is recommended that the player wear this athletic mouth guard during all contact activities and that it be replaced if there are any changes to the player's teeth. It is also recommended that a new guard be made at least once per year. Risk of injury is part of youth sport. This mouth guard is intended only to help minimize that risk, but may not prevent injury. Please complete the Parental Consent Form below, including a parent or guardian signature.

Parental Consent
Custom Athletic Sports Mouth Guard

I have read the Participant Information and consent to an impression of my player by Dr. Michele Spekhardt and staff in order to fabricate a custom athletic mouth guard for sports. I grant permission for Dr. Spekhardt or Dr. Jackson to post event photos and testimonials of my player. No names will be published, sold, or traded.

School Name or Organization: _____

Team: _____

Athlete's Name: _____

Address: _____

Home Phone: _____

Color Preference: _____

Team Logo with player number and/or team logo

Clear (This is only an option for athletes that are not required by the officials to wear a guard during competition).

Print Parent or Guardian Name: _____

Signature: _____ Date: _____