

Consent for Night Guard/Occlusal Guard

What is a night guard, occlusal guard, or bite splint and its benefits? A night guard, occlusal guard, or bite splint is an appliance made out of acrylic that fits to either the upper or lower arch of teeth. The purpose is to keep the teeth from grinding on one another. This is important if the patient has a clenching or grinding habit that is wearing down the teeth. It is also used to reduce the amount of activity in the chewing muscles. If these muscles are allowed to “rest” then symptoms such as jaw joint pain, muscle pain and headaches may be reduced or eliminated. If necessary, in this more relaxed position the bite can be reanalyzed to determine how the teeth should come together.

What are the risks?

1. Tolerating the splint: It should be expected that initially wearing a splint will feel odd. Most patients adapt to it in a short amount of time. Others never do and give up trying to wear it. If that happens then the patient forfeits the potential benefits of the splint. There is no refund for an inability to wear the splint.
2. A different bite: Since the muscles, TMJ joint, and teeth all work as a unit, if the muscles or TMJ achieve a more relaxed and proper position it may result in the bite feeling different. That’s okay. The teeth, fillings, and crowns will then need to be equilibrated (adjusted) to match with the new jaw position
3. TMJ symptoms: While wearing the splint the jaw is kept in a slightly open position. This may cause TMJ soreness that involves the TMJ joint, muscles, and surrounding structures. Ceasing the wearing of the splint will reverse these symptoms.
4. Referral to a specialist: Due to the multifactorial causes of TMJ problems, a TMJ specialist, physical therapist or other health care professional may be needed to treat your condition.

What are my alternatives?

1. See a TMJ specialist: Since TMJ problems are complex, you may choose to see a TMJ specialist for initial treatment.
2. Anterior Discluding Appliance: In an effort to keep teeth from grinding a smaller appliance may be used, such as an NTI device. This also has its risks and benefits. If this device was more applicable to your condition, the doctor would have prescribed it.
3. No Treatment: Always an option, but it too has its risks and benefits.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fee for this service has been explained to me. By signing this form, I am freely giving my consent to authorize the doctor and designated staff at Keith Mitchell, DDS to render services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Notifications: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctor and/or staff at Keith Mitchell, DDS have made no guarantees of a successful outcome. If a patient develops a problem, it is the patient’s responsibility to notify the doctor and/or staff of Keith Mitchell, DDS. Through this notification we will be able to act on the patient’s behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Signature of patient/guardian: _____ Date _____

Printed Name: _____ DOB: _____