

Informed Refusal of Night Guard/Occlusal Guard

PATIENT NAME: _____ DATE: _____

Dr. J. Keith Mitchell has advised me to have an occlusal guard/night guard fabricated due to clenching and grinding. I understand that I might not realize I clench or grind but evidence has been shown and explained to me with photos and/or xrays.

Possible outcomes of refusing an occlusal guard are, but not limited to:

- Breaking/cracking/fracturing teeth
- Bone loss
- Bone growth (aka Tori)
- Spaces forming between teeth
- Infection due to cracks/fractures
- Loss of tooth anatomy
- Sensitivity or tooth pain
- Tooth discoloration
- Altered occlusion
- Compromised periodontal support/ tooth mobility/ drifting of teeth
- Mechanical failure of restorations

Having been informed of the possible outcomes of not having an occlusal guard fabricated as recommended by Dr. Mitchell, I elect not to have one made at this time. I understand Dr. Mitchell has recommended this treatment in the best interest of my oral and overall health. I understand that any restorations that break will have no warranty, even if done within the last 12 months.

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 by refusing Dr. Mitchell's advice. I release the doctor and staff members from any responsibility resulting from my refusal to follow Dr. Mitchell's recommended treatment.

Patient signature: _____ Witness initials: _____