**QuickSplint Consent Form**

The Quicksplint® is a temporary oral appliance that can be custom-fabricated for immediate use to address pain, damage to teeth/restoration from jaw clenching/grinding activity, or as a diagnostic step in treatment planning. It is a temporary treatment or transitional diagnostic tool to be used under the care of your prescriber.

To obtain maximum benefit from use, wear it as prescribed and bring it to every follow-up appointment for evaluation. As with any procedure or appliance, improvement is not guaranteed but information from use will be helpful in determining future care.

Indications

* TMJ sprains/jaw muscle strains
* Pain
* Sleep bruxism
* Post-operative jaw splinting
* Deprogrammer used in treatment planning

Warnings/Risks

* Should be not fit on or over loose teeth
* Single use only for no longer than 4 weeks
* QuickSplint is not recommended for continuous wear (24 hours/day)
* Allergy to polycarbonate resin or vinyl polysiloxane is a contraindication for use
* If pain or symptoms worsen, discontinue use immediately

I understand that I am wearing the QuickSplint for short-term use only as prescribed and I intend to return to this office for further evaluation.

Patient name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_