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## DENTAL NIGHTGUARD - PATIENT EDUCATION

Dental nightguards are an effective, non-invasive treatment for a condition called bruxism, or teeth grinding/clenching. A custom-fit oral nightguard will provide the best comfort and protection available.

Nightguards, also called bite splints, prevent the surfaces of your teeth from grinding together, causing you to chip and crack your teeth and strain your jaw muscles. Nightguards are designed to fit over either your top or bottom teeth and are fabricated out of a material most appropriate for your level of clenching/grinding.

You may experience an initial adjustment period to your new nightguard. If you experience prolonged discomfort, if the guard falls out regularly during use, or if you experience increased jaw joint (TMJ) pain, contact your dentist for fit reevaluation.

Contact your dentist for repair or replacement should your teeth wear through the nightguard. Do not use a broken nightguard as this may increase the risk of tooth damage or unintentionally swallowing the nightguard.

While your custom nightguard provides excellent protection of your teeth, it may not completely relieve jaw pain and will not protect your teeth against daytime clenching/grinding, when the nightguard is not in use.

### Care Instructions:

- Always transport the nightguard in a sturdy container with vents
- Never leave the nightguard in the sun or in hot water
- Ensure that your nightguard is out of reach of pets
- Clean with a soft toothbrush and cool water daily
  - Only use cleaning tablets that are made specifically for clear mouth guards

Please bring your nightguard to all dental appointments, so it can be professionally cleaned and evaluated for adequate fit and quality.

### Patient Acknowledgment

My signature below acknowledges I have read this document, I understand the information provided to me by the doctor and staff, and that my questions have been answered to my satisfaction.

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Printed Patient's Name

Patient Birthdate (MM/DD/YYYY)

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Patient's (or Legal Guardian's) Signature

Date

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Printed Name of Witness

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Witness Signature

Date