

Consent for Night Guard/Bite Splint

What is a night guard or bite splint and its benefits?

A night guard or bite splint (referred to as a 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 biting into 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. In this more relaxed position the bite can be analyzed 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 biting a smaller appliance may be used such as an NTI device. This too has its risks and benefits. If this device was more applicable to your condition, the doctor would have prescribed it instead.
3. No Treatment: Always an option but it too has its risks and benefits.

INFORMED CONSENT: I can read and write English and 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 do 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 fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. 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.

Patient's name (please print) _____

Signature of patient/legal guardian _____

Date _____