

# DENTAL HYGIENE CARE BY MARNIE

[dhcbymarnie@hotmail.ca](mailto:dhcbymarnie@hotmail.ca)

(705) 879-1689

## Client Information

Client Name		Parent Cell Phone #
<b>Circle Organization :</b>	LMHA Wolves Mariposa Manvers Orono	Lynx Woodville Kawartha Brock Other _____
<b>Age:</b>	U _____	
<b>Level:</b>	_____	

## Medical/ Dental History

If you have any health concerns, allergies, reasons, or pre-existing medical conditions that would affect having an impression taken, or be aggravated by having an impression taken, (for example: asthma, seizures, allergies, blood disorders, heart conditions, or other) please list below:

\_\_\_\_\_

**Do you have braces?**      Yes / No  
**Sensitive gag reflex?**      Yes / No

## Liability Waiver

I acknowledge that I have listed any health/medical conditions above that would affect the above named client from having an impression taken or wearing a mouthguard. I acknowledge that I understand this mouthguard is made for a specific mouth and is to be worn in a proper way for the purpose of aiding in the prevention of injury and is not a guarantee against having an injury occur. I will not hold Marnie Lamb of Dental Hygiene Care By Marnie responsible should an injury occur.

\_\_\_\_\_  
Signature (client or parent if <16 years of age)

\_\_\_\_\_  
Date

