

# Project Protect

Providing properly fitted mouthguards to student athletes.

**Thomas G. Coreno, D.D.S.**  
**35 South Main Street**  
**Chagrin Falls, Ohio 44022**  
**440-247-7272**

**Fellow of The Academy For**  
**Sports Dentistry**

CHAGRIN FALLS HIGH SCHOOL ATHLETICS

ATHLETE INFORMATION      DATE \_\_\_\_\_/201\_\_\_\_  
SPORT \_\_\_\_\_      GRADE \_\_\_\_\_

ATHLETE NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST DENTAL APPOINTMENT \_\_\_\_\_

DO YOU CURRENTLY WEAR BRACES? Y N

DENTIST NAME \_\_\_\_\_

ORTHODONTIST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

IS THERE A MODEL OF YOUR MOUTH/TEETH ON RECORD WITH OUR OFFICE? Y N  
IF YOU HAVE PARTICIPATED IN THE PROGRAM IN THE PAST, HAVE YOU HAD ANY DENTAL TREATMENT OR CHANGES IN YOUR TEETH OR MOUTH RECENTLY? Y N  
DO YOU HAVE ANY REMOVABLE ARTIFICIAL TEETH OR AN ORTHODONTIC RETAINER? Y N  
DO YOU REQUIRE ANTIBIOTICS PRIOR TO DENTAL TREATMENT? Y N  
HAVE YOU EVER TRIED OR USE SMOKELESS TOBACCO? Y N  
HAVE YOU EVER RECEIVED A DENTAL OR HEAD INJURY? Y N  
\_\_ BLOW TO MOUTH    \_\_ FRACTURED OR CHIPPED TOOTH    \_\_ BROKEN JAW    \_\_ TOOTH KNOCKED OUT  
\_\_ CONCUSSION      WAS IT SPORTS RELATED? Y N IF YES, WHAT SPORT? \_\_\_\_\_  
HAVE YOU EVER LOST A PERMANENT TOOTH? Y N IF YES, WAS IT A RESULT OF:  
\_\_ ACCIDENT    \_\_ DECAY      \_\_ FOR ORTHODONTICS      \_\_ SPORTS RELATED  
DO STILL HAVE YOUR THIRD MOLARS, (WISDOM TEETH)? Y N UNCERTAIN  
HAVE YOU EVER HAD A TOOTHACHE? Y N    DO ANY TEETH HURT NOW? Y N  
HAVE YOU EVER EXPERIENCED TMJ PROBLEMS? (pain or discomfort in your jaw joint)? Y N

HAVE YOU EVER HAD ANY OF THE FOLLOWING DISEASES OR MEDICAL PROBLEMS:

- |                              |                                  |
|------------------------------|----------------------------------|
| Y N ANEMIA                   | Y N FEVER BLISTERS/HERPES        |
| Y N ARTIFICIAL JOINTS/VALVES | Y N FREQUENT/SEVERE HEADACHES    |
| Y N ASTHMA                   | Y N HEART ATTACK/STROKE          |
| Y N CANCER/CHEMOTHERAPY      | Y N HEART MURMUR/RHEUMATIC FEVER |
| Y N CHRONIC HEPATITIS        | Y N HEART SURGERY/PACEMAKER      |
| Y N DIABETES                 | Y N HEMOPHILIA/ABNORMAL BLEEDING |
| Y N DRUG/ALCOHOL ABUSE       | Y N HIGH/LOW BLOOD PRESSURE      |
| Y N EPILEPSY/SEIZURES        | Y N SHINGLES                     |

HAVE YOU EXPERIENCED ANY THAT ARE NOT LISTED ABOVE: \_\_\_\_\_

MEDICAL ALLERGIES:

- |             |                            |               |                  |
|-------------|----------------------------|---------------|------------------|
| Y N ASPIRIN | Y N AMOXICILLIN/PENICILLIN | Y N CODEINE   | Y N ERYTHROMYCIN |
| Y N LATEX   | Y N DENTAL ANESTHETICS     | Y N IBUPROFEN | Y N TETRACYCLINE |

ARE YOU ALLERGIC TO ANY OTHER DRUGS? Y N IF YES, PLEASE LIST \_\_\_\_\_

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## Waiver Release Form

The risk of injury to the mouth is inherent in sports. Therefore, it is extremely important for your child to wear a properly fitted, custom made mouthguard while participating in any sport with contact or collision. Our office urges all participants in the sport to wear a properly fitted custom made mouthguard when practicing or playing, to reduce the degree of injury from a traumatic blow to the head or mouth.

As part of an educational program to encourage student athletes to understand the benefits of wearing a properly fitted, custom made mouthguard, the dental office of Dr. Thomas Coreno will be providing mouthguards, custom made and properly fitted to ensure proper protection to athletes participating in Chagrin Falls High School athletic programs for the 2017-2018 school year.

The wearing of a mouthguard of any kind cannot prevent all mouth injuries from occurring. However, in most cases it can help reduce the degree of severity of injuries.

*I have read and understand the above the information concerning mouthguard and their use. I hereby release, hold harmless, and indemnify Dr. Thomas Coreno and associates from any claims arising out of participation in **Project Protect**, the mouthguard program to provide properly fitted, custom made mouthguards for student athletes.*

Student Athlete's Name (print) \_\_\_\_\_ Parent/Guardian Name (print) \_\_\_\_\_

Student Athlete's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/201\_\_

Date \_\_\_\_/\_\_\_\_/201\_\_