



## No Biting Allowed!

Your child has been fitted with Toothché ~ the TLC Protector...a new mouth guard designed to help protect a child's Tongue, Lip and Cheek *from their own teeth*.

**Keep the Toothché mouth guard in place until the numbness goes away.**

Toothché has been individually molded to fit on the numb (anesthetized) side of the mouth because this is the area most likely to be injured after dental treatment.

**Toothché provides a little extra TLC** (Tender, Loving Care) because our entire staff cares about what happens to your child *after their dental appointment is finished*.

Please be certain that Toothché stays in place **for** as long as the area is numb to prevent post-anesthetic bite injury to **your child's TLC** (Tongue, Lip and Cheek).

If you wish to know more about the use and care of the Toothché mouth guard after dental treatment, detailed instructions are on the reverse side of this form.

If you have any further questions about Toothché or the dental treatment received today, please don't hesitate to ask.

Thank you for entrusting us with your family's dental care needs!



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Toothché Care and Usage Instructions  
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## Detailed Care & Usage Instructions

At last, you and your doctor will truly have an opportunity to work together to prevent bite injuries after dental treatment. Just keep the Toothché ~ TLC Protector in place as outlined in the following home care and usage instructions. To insure a comfortable fit, your doctor molded the mouth guard around the teeth prior to using local anesthetic.

If Toothché was placed in *your mouth*, you will realize that it only fits comfortably in the position to which it was originally molded by your doctor. If Toothché was placed in *your child's mouth*, then they will need to keep it in that one "comfortable" position and hold it in place by gently biting down on it. If they complain that it is uncomfortable, then it is likely that the mouth guard is not in the position to which it was originally molded by the doctor, or that some other factor is involved. You can determine if the mouth guard needs to be repositioned by careful observation of the following things.

First, the mouth, and the especially the teeth, should be maintained in a *closed position*.

As long as the teeth are maintained in a closed position the appearance of the child's face should not be much different than normal. It is possible for the lips to appear slightly protruded due to the thickness of the cheek-side protective sidewalls. If they appear excessively protruded or as though they are "puffed" or "pushed" out and the handle is aligned properly (as discussed below), then the mouth guard may be displaced in a forward direction. Have the child open their mouth and reposition the mouth guard into the proper protective position, assisting them if necessary (as outlined below).

In addition to looking for a *generally normal appearance*, you can quickly check the position of the mouth guard by observing the general position of the handle as compared to the midline of the face. The hole in the handle can be helpful in this, as it should line up with the indentation that is present in the middle of the upper lip. The hole, or handle, may not be perfectly aligned after initial placement. However, if they *are not* aligned with the midline of the face and your child is complaining that the mouth guard is uncomfortable, then the handle can be used to reposition the mouth guard, so that they are in better alignment.

Second, have the child open their *lips only* (by "Smiling Big") and check the position of the teeth to see if the teeth are properly positioned *between* the upper and lower sets of protective sidewalls, which form the tongue-side and cheek-side boundaries of the upper and lower troughs of the mouth guard.

If the teeth are within the upper and lower troughs of the mouth guard, then check them for proper position by observing how the teeth fit into the indentations that they made in the biting surfaces of the mouth guard when it was originally molded by your doctor. If the tooth positions in the indentations are matching up and the handle is aligned with the midline of the mouth and face, then the mouth guard is properly positioned. Otherwise, reposition the mouth guard so that the teeth and the indentations line up properly and remind your child that the mouth guard will feel the best if they continue to hold it in the current position.

If the teeth *are not* within the upper and lower troughs of the mouth guard, then have the child open their mouth and replace the mouth guard in its proper position. If they require assistance in repositioning the mouth guard, it is usually easiest to place it on the lower teeth first and then have the child *slowly* close their mouth (this can also be done by placing the mouth guard on the upper teeth first). Once their teeth are closed together within the troughs of the mouth guard, check its alignment to be certain that the tooth position in the indentations is matching up and that the handle is aligned with the midline of the mouth and face, as mentioned earlier. Make minor adjustments in the position of the mouth guard, as necessary.

If you determine that the mouth guard is properly positioned after checking these few things, and your child still complains that it is uncomfortable, then the discomfort is likely to be due to some other factor and it would be best to check with your doctor to determine the correct course of action. It is important to note that your doctor may have chosen to attach a tether to the mouth guard through the hole in the handle. The opposite end of the tether has a clip for attachment to the child's clothing, much like the straps used to secure pacifiers. The tether helps to secure the mouth guard and prevent its' loss, should it become displaced from the mouth or need to be removed temporarily. **DO NOT PUT THE LOOP OF THE TETHER AROUND THE PATIENT'S NECK.**

Please remember that the Toothché mouth guard was designed for "SINGLE PATIENT USE ONLY" and should be *discarded* after use.

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