

Dr. [REDACTED], licensed dentist, with license practice number [REDACTED], CERTIFIES that:

Having placed orthodontic treatment on patient D. [REDACTED]
[REDACTED], with ID n° [REDACTED]
and being him/her Taekwondo player y combat modality, recommends the use of mouth guard, DAEDO protector, which is approved and have at least 4 mm thickness in the anterior (front) and 2 mm thickness on the occlusal (biting) surface, and is compatible with his/her dental treatment in order to prevent and avoid injuries that may occur when practicing this sport.

Therefore, signs this document in [REDACTED], on
[REDACTED] the [REDACTED] of [REDACTED].

Signed: