



ORDER FORM

Don't forget to claim this mouthguard from your private health insurance under item 151



How do I order a mouthguard?

STEP 1 Complete the below form.	STEP 2 Schools - return this form to your teacher. Sports clubs/stadiums - bring this form and payment to the fitting session.	STEP 3 Our team of dental professionals will take an impression of your child's teeth, which takes approximately 5 minutes.	STEP 4 Within 7 to 10 days, you can collect the mouthguard and receipt from our Blackburn practice or request for it to be posted to you. <i>(For school visits, you can also choose to collect it from your school).</i>	STEP 5 Because this mouthguard is made by dental professionals, you can claim it from your private health insurance fund.
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Mouthguard type	Price	Description	Colour <small>(check out our website to view the actual colours)</small>	Extra thickness for chewers?	Total
Keep it Simple	\$69	Ideal for 10-16 years and non-chewers under 10 years	Black Blue White	Red Dark Blue Yellow	N/A \$
Go Getter	\$89	Ideal for 6 years - adult Most popular Can include child's name	Black Blue Red White Clear	Purple Sky Blue Fluoro Orange Fluoro Green Fluoro Pink	Add \$10 for extra thickness for 8-10 year old chewers \$
Tough Cookie	\$109	Ideal for 14 years + (or for younger fearless players aged 8+) Super strong Extra thick and chew proof	Black & White Red & White	Black & Red Blue & White	N/A \$
Club or School Special	\$119	Ideal for 6 years - adult Support your club or school Extra thick and chew proof	Choose any of the two above colours to support your club or school _____ & _____		N/A \$

Delivery method

<input type="checkbox"/>	Pick up at Fresh Dentistry (27 Blackburn Road, Blackburn)	free
<input type="checkbox"/>	Post to my address below for	\$7.90
<input type="checkbox"/>	Deliver to school (school orders only)	free
<input type="checkbox"/>	Other	

Order summary

Total for mouthguard	\$
Postage (if applicable)	\$
Total	\$

Contact details

Parent's name _____

Child's name _____

Child's DOB _____

Address _____

Postcode _____

Email address _____

Mobile number _____

If ordering via your sports club, please complete

Club _____

Team name _____

Age group _____

Team manager/coach _____

If ordering via your school, please complete

School name _____

Year level _____

Teacher or homeroom teacher _____

Medical/dental history

Allergies (please specify) _____

Asthma Yes No

By completing this order form, you are giving consent for treatment

Payment details (please tick)

Cash Cheque (payable to Wear a Mouthguard Pty Ltd)

Visa or Mastercard Mobile eftpos

Card Number

Expiry Date / /20

Name on Card _____

Signature _____