

Safeguard Mouthguards

Date : Sport Played : Patient No. :

Name of patient : Date of Birth :
(Full name in Block Letters)

Address :

..... Suburb : Postcode :

Tel./Mob. : (H/W) :

Signature of patient :

Parent Guardian :
(Full name in Block Letters)

E-mail Address :

PLEASE TICK BELOW IF YOU BELONG TO A HEALTH FUND

HBF MEDIBANK GOLDFIELDS OTHER NONE

Mouthguard Required (Please Tick and Describe)
Clear Coloured
Multicoloured

COST \$: **Total Amount Paid \$**
(+ \$15 postage & handling) Cash Visa Credit Card
(May apply to Country Orders)

CREDIT CARD DETAILS Mastercard Visa

Expiry Date : Name of Card :

Although a mouthguard gives some protection, the mouthguard should not be seen to stop tooth or jaw damage but minimise the damage from a heavy blow or knock.

Signature
Signature

Do not present this to your health fund

A full itemised invoice and receipt will be returned with the mouthguards.
An extra administration charge may apply for re-issuing lost invoices/receipts.

STEPHEN MILLAR - DENTAL PROSTHETIST

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