



# CUSTOM SPORTS MOUTHGUARDS



www.mobiledentalservices.com.au  
ph: 1800 637 637

100 Ryde Road Hunters Hill  
ph: 9817 8944

The National Health and Medical Research Council’s research into Head and Neck Injuries in Football (1996) recommended that players of all football codes and players involved in contact sport including rugby, soccer and basketball, should wear a mouth guard. **The Dental Profession and the Australian Dental Association strongly recommend professionally constructed mouthguards as they offer superior fit, protection and comfort than boil and bite types.**

Dr Sam Martin and Mobile Dental Services have been booked to make custom mouthguards for the boys. Their mobile clinic will be at the School on the afternoon of **Wednesday 27<sup>th</sup> February 2019** for impressions. Mouthguards will be delivered to School on Friday 8<sup>th</sup> March, and the mobile clinic will return on Wednesday 13<sup>th</sup> March, should any of the boys require their mouthguard to be adjusted, or missed their initial impressions. After this visit, all adjustments can be carried out at Bupa Dental Hunters Hill, located 300m from Joeys # 1 Oval.

The cost of this service is \$180. The mouthguard comes with name and mobile number embedded on the inside of the guard plus a protective case. Generous Health Fund rebates apply – 100% back for Bupa Health Fund Members. Mouthguard Order Forms will need to be accompanied by cheque or credit card details for \$180 in favour of Mobile Dental Services. You will receive a receipt upon full payment to claim your private health rebate, either online or in person with your Health Fund. Please return prior to 26<sup>th</sup> February 2019 by:  
Email: [info@mobiledentalservices.com.au](mailto:info@mobiledentalservices.com.au)  
Post: **Mobile Dental Services, 87-103 Epsom Rd, Rosebery 2018**  
Fax: **(02) 9663 3490**

## ORDER FORM PLEASE PRINT CLEARLY

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Year \_\_\_\_\_

Parent’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent’s Address or email (for receipt) \_\_\_\_\_

Payment of \$180 by  VISA / MASTERCARD  AMEX  CHEQUE

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

NAME (to appear on mouthguard): \_\_\_\_\_

PHONE NUMBER (to appear on mouthguard): \_\_\_\_\_

COLOUR (select one):

- CERISE / BLUE  BLUE  CLEAR  WHITE  BLACK
- BLACK/WHITE  FLURO PINK  FLURO GREEN  FLURO ORANGE
- CUSTOM (\$20 additional charge – extra week also required) \_\_\_\_\_