

CUSTOM LAMINATED

Custom Junior - \$100

Recommended for ages up to 12yrs. Suitable for modified rules.

Custom Senior - \$130

For ages 12yrs and upwards. Suitable for low combative/competitive sports.

Custom Elite - \$185

Excellent protection for high combative/competitive sports.

Custom Indi - \$245

Clinically sculpted for the ultimate in comfort, speech and breathing. For all high combative/competitive sports.

Custom Gym - \$130

An unobtrusive, modified guard designed for the "go hard" gym junkie to protect the teeth from stress and wear (Clear only).

Additional - \$25

Colours, Graphics and text (all inclusive) as follows:

Skulls Stars Dolphins Hearts

Monster Teeth Boxing Kangaroo

Text:

1 2 3 4 5 6 7 Clear

8 9 Black 10 11 12 13 14

Single Colour

Two Colours

Three Colours

Four Colours

CUSTOM AIR



Custom Air - \$185

Evolutionary Protection - Suitable for the novice to elite sports person providing 30% more protection through its unique air cell structure. Custom Air provides maximum protection, excellent fit and total comfort in its custom made style.

Please indicate your colour choice by ticking one box below:



DO IT YOURSELF AIR

Junior 4-9yrs \$35 Senior 10yrs+ \$35



Available exclusively from Gobsmacked, the D.I.Y Air is suitable for some orthodontic patients or sports persons who's jaw is expected to change rapidly. The D.I.Y Air is a part of the unique air-cell system range, providing 30% extra protection.

It's unique material is reformulated offering easy adaptation for excellent anatomical moulding, offering superior fit and comfort.

Gobsmacked distributes the D.I.Y Air to the dental profession, retail outlets and sports clubs. For orders or distribution details contact Gobsmacked sports mouthguards.

Finished Date: _____

OFFICE USE ONLY

PLAYER DETAILS

Club/School Name: _____

For all AFL juniors please tick your team:

Aus Kick Yr 4,5 & 6 12's 13's 14's

15's 16's 17's

Players Full Name: _____

Parent Name: _____

Mobile No: _____

Address: _____

Suburb: _____ P/Code: _____

DENTAL / MEDICAL HISTORY

Hepatitis High blood pressure
 Diabetes Blood or bleeding disorders
 Epilepsy Heart complaints
 Asthma Speech or hearing concerns

Current dental treatment _____

I'm in a private health fund with ancillary benefits

PAYMENT DETAILS

PLEASE NOTE: **PAYMENT MUST BE MADE BEFORE THE COMMENCEMENT OF WORK**

Please select your payment option from the following:

Cash Amount \$

Cheque Amount \$

*** CHEQUES PAYABLE TO 'DENTURES BY DESIGN' ***

Credit Card Visa Mastercard

Card No: _____

Name on Card: _____

Expiry Date / Amount \$

Verification No: (Three digits on reverse of card)

Signature: _____ Date: _____

Mail orders will incur a surcharge

