MOUTHGUARD

ORDER FORM

Date Processed:





Name	Date of Birth: Phone
Email Address:	
. ORDER DETAILS Mouthguard selection: Price in	ncludes HAWKS front graphic, printed player name and phone num
LIGHT (recommended for juniors aged 12 and under) \$119	HAWKS MOUTHGUARD
MEDIUM (recommended for all sports, teen and adult) \$185	MOCK UP WILL BE
HEAVY (ultimate protection, A grade, professional sports) \$3	INSERTED HERE
	ER: SIBLING DISCOUNT uard, save \$10 on sibling mouthguards)
Please apply discount to this order. Name of sibling order.	der paid in full:
. PAYMENT DETAILS	
PTIONS:	
Cash at Scanning session (please bring exact money	Health Insurance Unfortunately off-site scanning of health fund
Cash at Scanning session (please bring exact money as change may not be possible) Electronic Funds Transfer Account Name: smilogy BSB: 082167 Account Number: 974194253 Please email info@smilogy.com.au with your transaction receipt Credit Card payment (please provide details below or	cards is not supported. We will issue a receipt for payments received to allow you to submit a claim to your fund. If you prefer to have this claim processed in advance to avoid being out of pocket, please visit smilogy Castle Hill clinic prior to the Scanning session. As health funds and policies vary we are unable to advise on anticipated claim value.
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Entered by: