

# FOOTHILLS DENTURE CLINIC

4/16 The Avenue,  
MIDLAND. 6056  
PH. 92501733



Dear Parent/ Player

**Mazenod College** has organised for us to provide professionally fitted mouthguards to the players with Player/Parent consent. The completed mouthguard will be returned to the player in **approx 2 weeks**.

An Invoice/receipt will be issued to enable you to claim from your private health fund.

Foothills Denture Clinic works with all health funds including Medibank, HBF and BUPA

The rebates from these health funds and all other funds are substantial, most paying the full or nearly full amount. Please contact your fund for rebate details, quote items **P014 - \$20.00 and P151 - \$110.00 Provider No. 2950894F**

**For all Mouthguards – single colour or multicolours eg AFL colours the cost will be \$130.00 –**

**Custom colours and patterns (no writing or logos) are available for an extra \$30 and may take longer**

Whatever sport is played, the right gear is needed to reduce the risk of injury. Mouthguards offer your teeth and jaw some of the protection they need. The best mouthguards are individually fitted and made from a mould of your teeth. They fit better and are more comfortable.

They help to provide protection by;

- \* Decreasing risk of injury to front and back teeth
- \* Cuts to lips, cheeks and gums from sharp edges of teeth are reduced.
- \* Reduces the risk of jaw fracture and concussion by acting as a shock absorber

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Please complete the order form and return it with your payment to the school at the time of your fitting.

(Child's Name) \_\_\_\_\_ has consent to have a professionally fitted mouthguard at a cost of \$130.00

Colour preference for mouthguard (attached colour chart) \_\_\_\_\_

Payment Method.    Cash                   Visa                   Mastercard

Card Number

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Expiry

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Fitting Dates:  
Friday 17th March  
Friday 24th March  
College Gymnasium Kitchen

**EMAIL ADDRESS for Invoice/receipt - Please PRINT Clearly -**

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**Signature Required for Permission and Credit Card:** \_\_\_\_\_

Name on Card \_\_\_\_\_ Phone \_\_\_\_\_ \$ \_\_\_\_\_