

# PRESCRIPTION & ORDERING

## UA PERFORMANCE MOUTHWEAR™ PRESCRIPTION FORM

LAB USE ONLY

Pan No. \_\_\_\_\_ Case No. \_\_\_\_\_ Received \_\_\_\_\_

### PATIENT INFORMATION

Patient Name \_\_\_\_\_ Sex M  F  Age \_\_\_\_\_

- |                                    |                                  |                                      |                                    |                                      |
|------------------------------------|----------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="radio"/> Football     | <input type="radio"/> Boxing     | <input type="radio"/> Soccer         | <input type="radio"/> Skiing       | <input type="radio"/> Running        |
| <input type="radio"/> Ice Hockey   | <input type="radio"/> Wrestling  | <input type="radio"/> Baseball       | <input type="radio"/> Snowboarding | <input type="radio"/> Tennis         |
| <input type="radio"/> Lacrosse     | <input type="radio"/> Yoga       | <input type="radio"/> Cycling        | <input type="radio"/> Volleyball   | <input type="radio"/> Weight Lifting |
| <input type="radio"/> Martial Arts | <input type="radio"/> Basketball | <input type="radio"/> Inline Skating | <input type="radio"/> Golf         | <input type="radio"/> Pilates        |

Other \_\_\_\_\_

Team Name (PROFESSIONAL ATHLETES ONLY) \_\_\_\_\_

### DOCTOR INFORMATION

Doctor Name \_\_\_\_\_

Distributor Account #: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

UNDER ARMOUR DENTAL DISTRIBUTOR \_\_\_\_\_

SHIPPING COST **Rush shipping charges apply.** Please note that we will ship FedEx Ground if no selection is made. Free FedEx Ground services ONLY available in the Continental U.S.

FREE FedEx Ground  FedEx 2nd Day Air  FedEx Priority Overnight

ADDITIONAL NOTES/ ESTIMATED DELIVERY DATE (RUSH SHIPPING CHARGES MAY APPLY).

Please send:  Labels  Shipping Boxes Other \_\_\_\_\_

FORM MUST BE SIGNED FOR ORDER TO BE PROCESSED!

LICENSE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETAIN A DUPLICATE COPY OF THIS ORDER FORM.

SEND TO

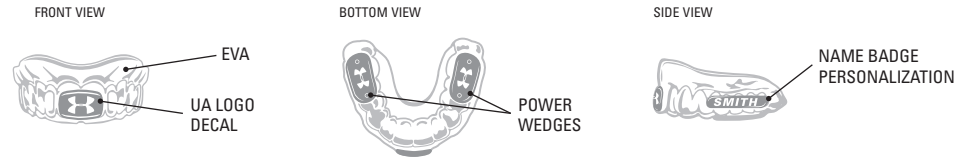
**Bite Tech Lab**  
3000 Ravenswood Road, Suite 1A  
Fort Lauderdale, FL 33312  
Toll Free 1-877-248-3832  
Fax: 1-877-248-3832  
Email: Customerservice@bitetech.com

MATERIALS USED: ARMOURBITE® MOUTHPIECE: POLYCARBONATE, POLYURETHANE, ETHYL VINYL ACETATE ADHESIVE. ARMOURBITE® MOUTHGUARD: ETHYL VINYL ACETATE SHEETS AND ADHESIVE, POLYCARBONATE, POLYESTER DECAL MADE WITH POLYESTER GLYCOL AND POLYURETHANE COMPOUND. UA MOUTHGUARD: ETHYL VINYL ACETATE SHEETS AND ADHESIVE, POLYESTER DECAL MADE WITH POLYESTER GLYCOL AND POLYURETHANE COMPOUND.

PRODUCT COMPONENTS Available options vary for each product (ArmourBite® Mouthguard shown).



UA Performance Mouthwear™ Products are available in a wide range of custom colors. Custom components include the Mouthguard EVA, UA Logo Decal and Power Wedges. The UA Mouthguard and ArmourBite® Mouthguard can also be personalized with the athlete's name and/or number.



PRODUCTS **IMPORTANT:** Please indicate **ALL color choices** and **optional strap** (mouthguards) in this section. Any omitted data may result in a delay in processing order.

SKU NUMBER (as provided from your dental distributor): \_\_\_\_\_

**ArmourBite® Mouthpiece**  
[CLEAR LOWER WITH POWER WEDGES]

Power Wedge Color .....

Quantity \_\_\_\_\_

**ArmourBite® Mouthguard**  
[UPPER WITH POWER WEDGES]

Mouthguard EVA ..... n/a     n/a

Color UA Decal Color .....

Power Wedge Color .....

Quantity \_\_\_\_\_

Add Strap (Black only, additional fees apply)  
Helmet Strap available in black only

**UA Mouthguard**  
[UPPER WITHOUT POWER WEDGES]

Mouthguard EVA Color ..... n/a     n/a

UA Decal Color .....

Quantity \_\_\_\_\_

Add Strap (Black only, additional fees apply)

**NOTE:** Mouthguards are trimmed approximately 4mm above the tooth/tissue interface.

**Please indicate any desired change to the standard trim.**

PERSONALIZATION (Mouthguards only)

Name/Number Badge Color .....

[1] WHITE TYPE [2] BLACK TYPE

Name \_\_\_\_\_  
(LEFT side of mouthguard, limit of 11 characters)

Number \_\_\_\_\_  
(RIGHT side of mouthguard)