

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

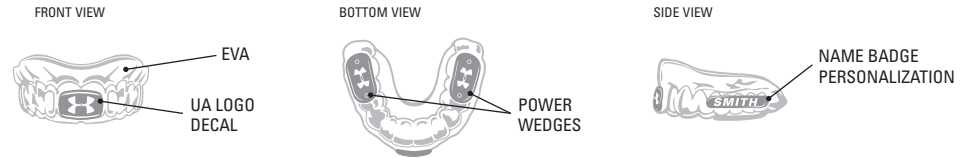
Bite Tech Lab
3000 Ravenswood Road, Suite 1A
Fort Lauderdale, FL 33312
Toll Free 1-877-248-3832
Fax: 1-877-248-3832
Email: Customerservice@bitetech.com

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 Pink Black White Blue
Quantity _____

ArmourBite® Mouthguard
[UPPER WITH POWER WEDGES]

Mouthguard EVA n/a Pink Black White Yellow Blue Dark Blue Purple Green Red Orange Clear
Color UA Decal Color Pink Black White Yellow Blue Dark Blue Purple Green Red Orange Clear
Power Wedge Color Pink Black White Yellow Blue
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 Pink Black White Yellow Blue Dark Blue Purple Green Red Orange Clear
UA Decal Color Pink Black White Yellow Blue Dark Blue Purple Green Red Orange Clear
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 Pink ⁽¹⁾ Black ⁽¹⁾ White ⁽²⁾ Yellow ⁽²⁾ Clear ⁽¹⁾ Clear ⁽²⁾
⁽¹⁾ WHITE TYPE ⁽²⁾ BLACK TYPE

Name _____
(LEFT side of mouthguard, limit of 11 characters)

Number _____
(RIGHT side of mouthguard)