

# Champion Mouthguard Prescription

This is my first case with Bayshore Dental Studio

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

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Chart # \_\_\_\_\_  M  F Age \_\_\_\_\_

Rx Date \_\_\_\_\_ Due Date/Delivery by 5pm on \_\_\_\_\_

Case turnaround times are based on the date the prescription is received.  
Please allow at least 10 business days (M-F) from that date.

**Protection Level**  1  2  3  4  5  6

**Strap**  with strap  without strap

**Occlusal Indexing**  Yes  No

## Solid Colors

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Deep Black    | <input type="checkbox"/> Silver       |
| <input type="checkbox"/> Light Blue    | <input type="checkbox"/> Bright Blue  |
| <input type="checkbox"/> Dark Blue     | <input type="checkbox"/> Bright Pink  |
| <input type="checkbox"/> Bright Red    | <input type="checkbox"/> Deep Red     |
| <input type="checkbox"/> Maroon        | <input type="checkbox"/> Lilac        |
| <input type="checkbox"/> Bright Yellow | <input type="checkbox"/> Yolk Yellow  |
| <input type="checkbox"/> Gold          | <input type="checkbox"/> Bright Green |
| <input type="checkbox"/> Deep Green    | <input type="checkbox"/> Transparent  |
| <input type="checkbox"/> White         |                                       |

## Multicolors and Patterns

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Goldflakes | <input type="checkbox"/> Silverflakes     |
| <input type="checkbox"/> Confetti   | <input type="checkbox"/> Zebra            |
| <input type="checkbox"/> Lava       | <input type="checkbox"/> Lava-strip       |
| <input type="checkbox"/> Tie-Dye    | <input type="checkbox"/> Rainbow          |
| <input type="checkbox"/> Camouflage | <input type="checkbox"/> Camouflage-strip |

## Special Instructions:

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## For best results, please include:

- Upper and Lower Impressions/Models (free from voids or air bubbles)
- Construction Bite with a spacing of 4-5mm

## Doctor Signature

License #: \_\_\_\_\_

Script has been reviewed for accuracy, legibility and completion.  
Impressions have been approved by the doctor.



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\*The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges and agrees to pay all legal and collections costs in the event the account is in collections or litigation, including reasonable fees.  
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