

COMPLETION DATE:

VENUE:

DATE:



GUMSHIELDS2GO™

CONFIDENTIAL MEDICAL HISTORY

PERSONAL DETAILS

PATIENT/PLAYER NAME:.....DOB:.....

ADDRESS:.....

.....POSTCODE:.....

EMAIL:.....MOBILE TEL:.....

Dr's NAME:..... HEALTH CENTRE:.....

SPORT/S PLAYED:.....

DO YOU HAVE OR HAVE YOU SUFFERED FROM – circle appropriate answer

Table with 6 columns: Condition, Y, N, Condition, Y, N. Rows include Rheumatic Fever, Heart Problems, Heart Murmur, High Blood Pressure, Heart Surgery, Pacemaker, Chest Problems, Have you ever been on tablets for cancer or osteoporosis, Allergies (inc Latex), Had or are a carrier of a blood borne virus (eg HIV/Hepatitis), Liver or Kidney Disease, Jaundice, Hepatitis, Blackouts/fainting/giddiness, Epilepsy, Asthma, Hay Fever, Diabetes, Allergy to any medicines (eg Penicillin), Bleeding disorder, Have you taken steroids in the last 2 years?, Do you carry a warning card?

PLEASE LIST ANY PILLS/MEDICATION

Empty rectangular box for listing pills/medication.

PLEASE CONFIRM

- I/my child has had a dental check-up in the last 12 months
I consent to having/my child having a dental impression taken to fabricate a customised sports gumshield by a suitably qualified and registered dental professional, under the prescription of Dr Cathy Robinson BDS (GDC: 76503)
I acknowledge that GUMSHIELDS2GO is not responsible for securing or maintaining my general oral health, and that GUMSHIELDS2GO recommend regular dental check-ups.
I have had the opportunity to read the 'Risks of a routine Dental Impression' and have had the opportunity to ask any questions to address any concerns I may have prior to consenting to this procedure

SIGNED:PATIENT (if over 16yrs)/PARENT/GUARDIAN

NAME IN CAPITALS:.....DATE:.....

ADDITIONAL REQUIREMENTS: INTERPRETER / SPECIAL ASSISTANCE

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DATA HANDLING & PROTECTION:

Our customers’ privacy is extremely important to us and the personal and medical information you disclose to us forms your dental record. It is first and foremost confidential and will never be disclosed to a third party, unless we have your written consent. GUMSHIELDS2GO™ does not use your personal information for any purpose, other than to ensure (i) you are medically fit to undergo a dental impression; (ii) identifying your customised item of personal protective equipment as it progresses through the manufacturing process; (iii) posting it to you (if requested).

However, you may like to be kept informed of any special promotions we may be running, as well as useful information that may help you manage or prevent a dental trauma. If that is the case please let us know below:

I CONFIRM THAT I AM HAPPY TO BE CONTACTED BY GUMSHIELDS2GO™

By Email By Text **OR YOU CAN OPT OUT!** I would prefer NOT to be contacted by GUMSHIELDS2GO™

PRICING

PRICES FOR HOCKEY/RUGBY/GAA 2018

AGE	CLEAR	SINGLE COLOUR (choose from 35 colours)	2 or 3 COLOURS (half/half) (third/third/third)	MULTI-COLOUR / PATTERN (choose from catalogue on-site)
Under 10yrs	£20	£30	£40	£50
10-16yrs	£25	£35	£45	£55
17+yrs	£35	£40	£50	£60
GUMSHIELD CASE	£3			

COLOURS (for representational purposes)



COLOUR 1 (left)		
COLOUR 2 (middle)		
COLOUR 3 (right)		
GUMSHIELD PRICE (see price list above)		
GUMSHIELD CASE (add £3.50) LABELLED WITH PLAYER'S NAME		
BADGE/GLITTER (add £5)		
		SELECT
POSTAGE/PACKING	£3.50	
LOCAL PICK UP	FREE	
TOTAL (Please enter)	£	

ADDITIONAL REQUIREMENTS: INTERPRETER / SPECIAL ASSISTANCE