



NIGHT GUARD/MOUTHGUARD ORDER FORM

Patient Name/ID: _____

Dr Name: _____

Dr Licence #: _____

Due Date: _____

Scanner Brand: _____

Digital Scan ID: _____

Signature: _____



EXPRESS DELIVERY

PLEASE TICK OPTIONS BELOW

NIGHT GUARD

ARCH

- ☐ Upper
☐ Lower

TYPE

- ☐ Soft Bite
☐ Hard Bite - Acrylic
☐ Hard Bite - Nylon
☐ Armadillo (Hard/Soft)

ARMADILLO THICKNESS

- ☐ 1 mm
☐ 2 mm
☐ 3 mm

MOUTHGUARD

ARCH

- ☐ Upper
☐ Lower

COLOR OF MOUTHGUARD

- ☐ Transparent ★
☐ Black
☐ Red
☐ Pink
☐ Blue
☐ White
☐ Other: _____

Additional Instructions

Please send your Order form to contact@eocalab.com

NEW ACCOUNT REQUEST - PLEASE COMPLETE FULL DETAILS BELOW

Our team will set you up with an online account to track and place your orders and upload scans with our custom-built digital ordering platform. You can also register online at mylab.eocalab.com

Doctors' Full Name: _____

Email: _____

Practice Name: _____

Phone Number: _____

Business Address: _____

Shipping Address: _____

Apply for 30 Day Account: ☐

Order Contact Name: _____

New accounts - send your Order form to contact@eocalab.com

eocalab.com

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