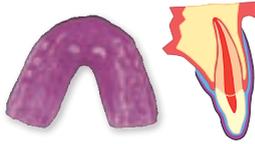


SIX LEVELS OF PROTECTION



Junior: One layer of EVA material (3 mm) with added incisal and occlusal protection. Designed specifically for children with mixed dentition.



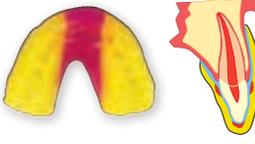
Light: Two layers of laminated EVA (3 mm) material. Designed for wrestling, volleyball, mountain biking and motocross. (Only available in clear, bright yellow, bright red, light blue and green.)



Light Pro: Three layers of laminated EVA (3.5 mm) material (one hardened layer). Specially designed to provide maximum comfort and protection for all sports.



Medium: Two layers of laminated EVA (5 mm) material. Specially fabricated for soccer, rugby, basketball, softball, rollerblading and skateboarding.



Heavy: Two layers of laminated EVA (5 mm) material with Three unique power dispersion bands. Specially designed for baseball, football, racquetball, martial arts and boxing.



Heavy Pro: Three layers of laminated EVA (5 mm) material (one hardened layer). Custom fabricated for ice, field and street hockey, kickboxing, and other heavy contact sports where blows from pointed objects are expected.

• Helmet straps available in red and black

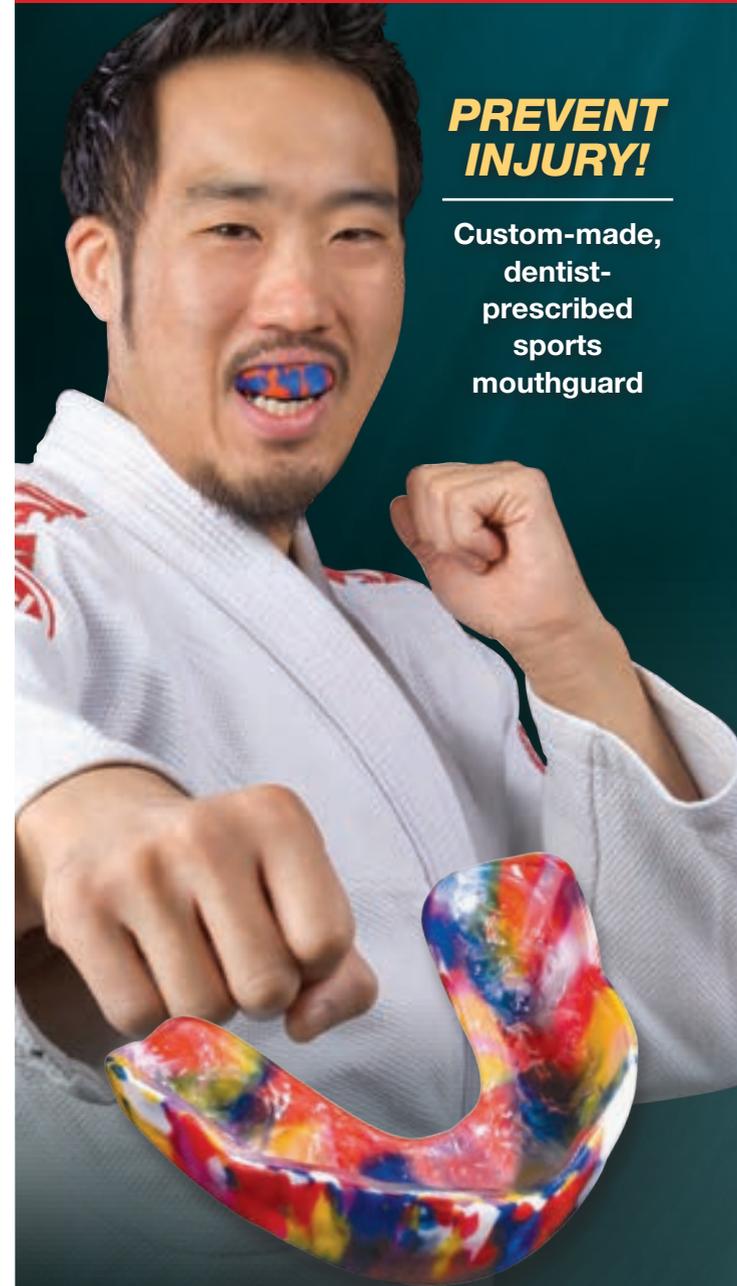
Personalize Your PlaySafe® with one of these standard colors ...



... or create a custom design!



SPORTS MOUTHGUARDS



PREVENT INJURY!

Custom-made, dentist-prescribed sports mouthguard

PLAYSAFE®

WHY CUSTOM FABRICATED SPORTS MOUTHGUARDS?

According to the American Dental Association, more than 200,000 oral injuries are prevented annually in this country by sports mouthguards. While this is an impressive preventative figure, it is estimated by the National Youth Sports Foundation that more than 5 million teeth will be knocked out in sporting activities this year. These oral traumas will happen to children, high school and collegiate athletes. In fact, dental injuries are the most common type of orofacial injury sustained during participation in sports.

PlaySafe® Tri-Lamination



The benefits of sports mouthguard protection has been well documented. In 1995, Dr. Raymond Flander's study on the high incidence of oral injuries showed that in football, where mouthguards are mandatory, only .07 percent of all injuries involved teeth and the oral cavity. Conversely, in basketball, where mouthguards are not required, 34 percent of all injuries to players involved teeth and/or the oral cavity. Obviously, dental injuries could be significantly reduced if children, teenagers and adults who partake in soccer, volleyball, baseball, softball, rollerblading, skateboarding, martial arts, boxing, hockey, kickboxing and mountain biking wore custom-made mouthguards.

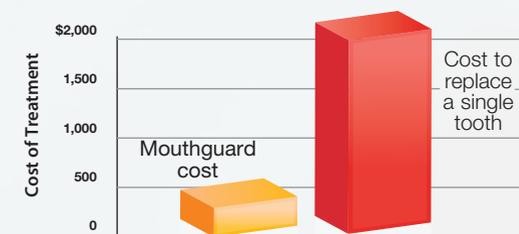
SPORTS-RELATED ORAL INJURY COSTS

PlaySafe mouthguards fit and protect better, providing you with a real competitive advantage.

According to Dr. Ray Padilla, an active member in the Academy for Sports Dentistry, the lifetime dental rehabilitation costs can approach several thousand dollars per tooth for the child or athlete who loses a tooth (or teeth) in a sporting injury. This does not include the associated costs of hours in the dental office and the possible development of secondary problems, such as periodontal disease. The total rehabilitation costs for a single knocked-out tooth are more than 20 times the preventative cost for a custom-made, dentist-prescribed sports mouthguard.

Oral Injury Prevention Can Save You Thousands

The costs for oral rehabilitation of sports injuries



Compared to oral rehabilitation costs (not including pain and suffering), a mouthguard is relatively inexpensive.

A CUSTOM FIT ENSURES PROTECTION

This could have been prevented!



This serious trauma was caused by an elbow blow. It could have been avoided if the basketball player had been wearing a PlaySafe mouthguard.

Not All Guards Are Created Equal

Comparing dentist-fabricated, custom-made sports mouthguards with stock or boil-and-bite mouthguards reveals significant differences. Boil-and-bite mouthguards do not fit as accurately as custom-made types, so they often are uncomfortable and frequently interfere with the athlete's ability to breathe and speak. At the First International Symposium on Dental Biomaterials in August of 1993, J. Park, Ph.D, reported that boil-and-bite mouthguards provide a false sense of protection due to the dramatic decrease in thickness when bitten into place in a softened state. Dr. Park further stated that unless dramatic improvements are made, boil-and-bite mouthguards should not be promoted by dentists.



VS.

