

Customer Info Card [Required]

Fill out this card to receive your custom night guards
(write in **CAPITAL LETTERS**)

Thickness (mark one choice) <input type="checkbox"/> 1mm <input type="checkbox"/> 1.3mm <input type="checkbox"/> 2mm	Selection (mark one choice) <input type="checkbox"/> 1 top & 1 bottom <input type="checkbox"/> 2 tops <input type="checkbox"/> 2 bottoms
Notes	

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone Number _____

Must Include When Sending Back Your Kit



Need any help? You can reach us at:
support@shopremi.com



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