

CUSTOMER INFORMATION, CONSENT, AND RECEIPT

First Name: _____ Last Name: _____

Address _____ City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Do Not Proceed with Treatment if "YES" to any of the following:

- Yes__ NO__ Do you have allergies or reactions to carbamide, peroxide, or glycerin?
- Yes__ NO__ Do you have existing tooth decay, periodontal disease, or gingivitis?
- Yes__ NO__ Are you photosensitive to light or are on any photosensitive drugs?
- Yes__ NO__ Are you pregnant, suspected of being pregnant, or are breastfeeding?
- Yes__ NO__ Did you have oral surgery or extractions within the last 30 days?
- Yes__ NO__ Do you have any metal objects in the oral cavity? (please remove prior)
- Yes__ NO__ Are you under the age of 18? (parental consent required)

• General Description:

The amount of whitening varies from person to person and cannot be predicted or guaranteed, but in general use:

1. Yellow or brown teeth, surface stains, and uniformly darkened teeth are easiest to whiten than gray or bluish teeth. Striped or spotted teeth are difficult to whiten as well.
2. The whitening system uses a high intensity bleaching gel activated with a LED light. This procedure may or may not require additional whitening in order to achieve the desired shade.

Scientific articles have shown that the materials used in teeth bleaching process are safe and effective. It does not change the structure of teeth; it merely helps achieve a whiter and brighter look.

1. If tooth sensitivity develops, fluoride home care gel can be recommended for reducing sensitivity. In the unlikelyhood that sensitivity persists for more than several hours contact your dentist.
2. The bleaching gel, may cause temporary inflammation and white spots. This should resolve itself within a few hours.
3. Be aware that (fillings that are breaking down, decay in your teeth, erosion of the teeth, or exposed root surfaces due to periodontal disease), the peroxide gel may have direct access to these affected areas and may cause discomfort.
4. The whitening process is very effective at whitening teeth, but will not change color of fillings or crowns.
5. White spots on teeth will even out within 24 hours.

Helpful Suggestions:

1. Avoid tobacco, teeth staining foods, and beverages such as tea, coffee, red wine, colas,
2. red meat, tomato paste, and dark green vegetables for at least 2 days after the whitening process.
3. It is recommended that you visit your dental office regularly.
4. If you have questions or concerns, please ask.

Guarantees:

THERE ARE NO GUARANTEES AS TO THE DEGREE OF WHITENING OF YOUR TEETH.

1. The amount of whitening varies with each individual.
2. Additional whitening sessions may be required to obtain the ultimate desired result.

Customer Consent

1. I consent to this SELF-MANAGED PROCEDURE.
2. I have read this consent form and understand the risks, responsibilities, and benefits.
3. I have had all my questions answered regarding this procedure.
4. I consent to treatment and I assume the responsibility for the risks described above.

SIGNATURE _____

PRINTED NAME: _____

DATE: _____

PAYMENT TYPE: L) Credit card U Debit U Cash

(Technician Use Only)

PARENTAL CONSENT: _____

SUBTOTAL: \$ _____

TAX: \$ _____

TOTAL \$ _____

Tech: _____

Starting Shade: T_ End Result Shade: T_

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