

CLIENT WAIVER FORM

PLEASE PRINT CLEARLY

Name: _____
Address: _____
City: _____
State: _____ Postal Code: _____
Phone: _____ Fax: _____
Email: _____

Date: _____
Starting Shade:
End result shade:

EXPECTATIONS:

People with healthy teeth and gums but who have stains or a yellowish tint seem to get the best result. You will not experience any heat or discomfort. On some occasions, you may feel a little tingling or perhaps a slight sensitivity. Teeth and/or gums may be sensitive for a short time after treatment. You may see temporary bleaching to the gums but this is normal and will disappear, usually in less than a day. your teeth will never be whiter than your genetic traits. All teeth bleach differently. Possible white spots or demineralization may appear on people who have had braces or who have porous enamel, but this will disappear within 24 hours. The treatment will not whiten or damage veneers, crowns or false teeth.

EXCLUSIONS FOR TREATMENT: (Please answer the following)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have allergies or reactions to either carbamide, peroxide or glycerin. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have existing tooth decay, periodontal disease or gingivitis. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are photosensitive to light or on any photosensitive drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are pregnant, suspected of being, or are breastfeeding. |
| <input type="checkbox"/> | <input type="checkbox"/> | Under the age of 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have had oral surgery or extractions within the last 28 days. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are wearing a piercing or metal object in the oral cavity. (Please remove, as they may turn black) |

AFTERCARE AND FOLLOW-UP:

For a minimum of 24 hours after the process, please avoid consuming coffee, tea, dark coloured soda, red wine, curry, beetroot and other food or drink that would stain the teeth. A good rule of thumb is; if it would stain a white shirt it could stain your teeth. If your teeth are sensitive you can use desensitizing toothpaste for relief. Of course, we suggest that you brush and floss as directed by your dentist. There is no guarantee as to the longevity of the results therefore we recommend our take home kit.

"Products containing peroxides are not recommended for use by children under 12 years of age" / "L'utilisation de produits contenant des peroxydes n'est pas recommandée pour les enfants de moins de 12 ans" "Use for periods of longer than 14 days is to be only under the supervision of a dentist" / "N'utiliser pendant des périodes de plus de 14 jours que sous la supervision d'un dentiste" "If irritation (such as redness, swelling, soreness) of the gums or the mouth occurs, discontinue use and consult a dentist" / "Si une irritation des gencives ou de la bouche (comme une rougeur, un gonflement, une douleur) se fait ressentir, arrêter l'utilisation et consulter un dentiste" "Avoid swallowing the cosmetic or part thereof" / "Ne pas avaler" "Avoid direct contact of the active surface of the tooth whitening product with the gums and/or salivary flow" / "Éviter le contact direct de la surface active du produit blanchissant avec les gencives et/ou l'écoulement salivaire" "Avoid contact of the product with the eye" / "Éviter tout contact du produit avec les yeux"

Signature: _____

Price:

Payment: Cash: Credit card: Debit:
Credit Card: Visa: MC.: Am. Exp.: