



CONSENT FORM

first name	last name	date of birth
phone number	email address	
address	city	province
starting shade	ending shade	
<input type="checkbox"/> S2 <input type="checkbox"/> S4 <input type="checkbox"/> S6 <input type="checkbox"/> S8 <input type="checkbox"/> S10 <input type="checkbox"/> S12 <input type="checkbox"/> S14 <input type="checkbox"/> S16 <input type="checkbox"/> S18 <input type="checkbox"/> S20 <input type="checkbox"/> S22 <input type="checkbox"/> S24 <input type="checkbox"/> S26 <input type="checkbox"/> S28 <input type="checkbox"/> S30 <input type="checkbox"/> S32 <input type="checkbox"/> S34 <input type="checkbox"/> S36 <input type="checkbox"/> S38 <input type="checkbox"/> S40	<input type="checkbox"/> S2 <input type="checkbox"/> S4 <input type="checkbox"/> S6 <input type="checkbox"/> S8 <input type="checkbox"/> S10 <input type="checkbox"/> S12 <input type="checkbox"/> S14 <input type="checkbox"/> S16 <input type="checkbox"/> S18 <input type="checkbox"/> S20 <input type="checkbox"/> S22 <input type="checkbox"/> S24 <input type="checkbox"/> S26 <input type="checkbox"/> S28 <input type="checkbox"/> S30 <input type="checkbox"/> S32 <input type="checkbox"/> S34 <input type="checkbox"/> S36 <input type="checkbox"/> S38 <input type="checkbox"/> S40	

EXPECTATIONS

You may feel a slight tingling or minor blanching of the gums, this is normal and will usually disappear in less than 4 hours. Your teeth will never be whiter than your genetic traits. White spots may appear if you had braces, or have porous enamel, this will usually disappear in 8 hours. The whitening gel is PH neutral and will not damage your enamel, caps, crowns or veneers. Please be advised, your teeth can only be whitened to a certain shade and cannot go whiter than your genetic traits allow.

EXCLUSIONS FOR TREATMENT

YES NO

- I have allergies or reactions to any ingredients in the gel.
- I have existing tooth decay, periodontal disease, or gingivitis.
- I am photosensitive or on photosensitive medications.
- I am pregnant or breastfeeding.
- I am under the age of 18.
- I have had oral surgery or extractions within the last 30 days.
- I am wearing oral piercings (remove prior to use).

If your answered yes to any of the above questions or if you have not had a dental cleaning in the last 6 months please consult your dentist prior to use.

AFTERCARE AND FOLLOW UP

For the first hour after use drink only water. Avoid any staining food or drinks for the first 24 hours. Please review the caution statement on the in-office and home kit prior to use.

RELEASE

I, _____, in consideration of the services provided, hereby release SunnaSmile and its employees, distributors and or dealers from all manner of actions, causes of action, which may arise from the use of any product, service or services provided. I have been advised to consult a dentist before initial treatment. I have read the above and certify that I have healthy teeth and gums.

client signature	date
technician signature	date