



pristine

TEETH WHITENING ACADEMY

Teeth Whitening Consent Form

YOUR INFORMATION WILL NOT BE RELEASED OR SOLD TO ANY OTHER PARTIES.

Client's Name: First _____ Last _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: _____

Phone Number: _____ E-mail: _____ Date: _____

Teeth Whitening Expectations

Safely removes stains caused by foods, beverages, tobacco, medicine, and aging.

- During whitening, you may feel a slight tingling.
- Products will not damage existing dental work.
- Products will remove stains from existing dental work, but will not whiten them beyond their original color.
- White spots, or enamel mottling, may appear more prevalent directly after whitening, but the contrast will lessen within 24 hours
- Everyone's teeth respond differently, and have their own natural "stop point" for whitening results.
- Teeth may feel temporarily sensitive; this is typically minor and subsides within 24 hours.
- You may experience temporary gum irritation, which is more prevalent in clients that have brush abrasion due to brushing teeth within 4 hours prior to teeth whitening procedure.

Recommendations:

To maintain healthy teeth and gums, it is recommended that you visit your dentist on a regular basis. If you have allergies or reactions to peroxide or glycerin, teeth whitening is not recommended. If you have diabetes, heart conditions, pregnant, and/or currently breastfeeding you may want to consult with your doctor prior to using whitening products. Any existing mouth sores may feel temporary irritation during and/or whitening.

*By signing below you acknowledge that the Laser teeth whitening process (also known as light accelerated whitening) is a self-administered process and that you have read and hereby acknowledge all information within.

How are you paying today? (Circle) **Credit** **Cash** **Other:** _____

*Satisfaction is guaranteed at the time of service; no refunds will be given after payment of services. In consideration of the services provided and other good and valuable consideration, the sufficiency of which is acknowledged by signature, Customer hereby releases forever, and discharges these Teeth Whitening services and any other entity offering any of these services rendered and its employees, distributors and/or wholesaler their heirs, executors, administrators, successors, and assigns of and from all action, which Customer, his/her heirs, executors, administrators and assigns or any of them hereafter can, shall or may have for any reason whatsoever, including all actions, causes of action, damages, claims, and demands arising out of service or serviced offered.

CUSTOMER SIGNATURE
(IF UNDER THE AGE OF 16, PARENT CONSENT IS REQUIRED.)

PARENT/GUARDIAN SIGNATURE