

Tooth Gem Consent Form

Do you have any allergies to dental materials? Please initial _____ (YES)

_____ (NO)

If so, what?_____

Is the tooth you want your Tooth Jewel on REAL (Not crowned, false or capped)? Please initial _____ (YES) _____ (NO)

Do you have sensitive teeth? Please initial





I authorize **Raquel Flores**, to apply a tooth jewel with Dental Adhesive to my number ___/__/__ tooth/teeth and that this/these teeth are real. Client Initials _____

Tooth Jewel Placement: Tooth Jewels must be placed on a real and flat tooth, so please choose tooth/teeth 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 from the picture above.

If you have a tooth that is false, crowned, or capped the Tooth Jewel glue will not adhere to the false tooth

The Tooth Jewel must be placed high on the tooth, or in the center, as the low part of the tooth is what sinks into food when biting.

Tooth Jewel General Information and Care: Tooth jewels are non-invasive; they don't damage the tooth or enamel and are semi-permanent. The adhesive is the same as what a dentist uses to put on braces. The tooth jewels we use are 100% real Swarovski Crystal. Once the tooth jewel is on, there may be some dental adhesive surrounding the Jewel on the tooth. This will wear off in a couple of weeks from normal brushing and eating. Tooth jewels can last anywhere between four months to a year. If you are ready to remove your tooth jewel before it naturally falls off, it can easily be removed at your next professional routine dental cleaning. Once your tooth jewel does fall off naturally, there may still be some residual adhesive left on your tooth. This too can easily be removed at your next professional routine dental cleaning strips, the area under the tooth jewel will not receive the whitening treatment while the tooth jewel is on.

Agreement: You understand that the tooth gem technician is not responsible for any damage done to your tooth/teeth during or after the tooth jewel procedure. Any after care of the tooth jewel will be done by your dental professional.

Client Signature:_____

Client Name ((Printed)):

Date:_____