



- ___ I understand that the whitening treatment results may vary or regress due to a variety of circumstances. I understand that the outcome of my whitening treatment cannot be guaranteed and the degree of whitening. I understand that teeth whitening treatments are not intended to lighten artificial teeth, crowns, veneers or porcelain, composite or other restorative materials.
- ___ I understand that teeth with multiple colorations, band's, or spots due to tetracycline or fluorosis do not whiten a well, and may need multiple treatments or may not whiten at all. I understand that teeth with many fillings, cavities, chips or cracks may not lighten and are usually best treated with other non bleaching alternatives.
- ___ I understand it is recommended 24 hours after treatment to avoid acidic, pigmented foods and beverages.
- ___ I give the employee at Gleaming Smiles permission to assist me with self application of teeth whitening gel on my teeth. I understand this is cosmetic surface teeth whitening to whiten your teeth. We are not a dentist or claim to be and we do not evaluate or treat/do any dental work.
- ___ I do not suffer from any medical conditions or any other condition or ALLERGY from Carbamide Peroxide in a Glycerine Base and Hydrogen Peroxide, which may result in me being unsuitable for whitening treatment.
- ___ I am not on ANTIBIOTICS, or waited 2 weeks after I finished it to do whitening treatment.
- ___ I understand that although my teeth whitening specialist has been trained in the proper use of the teeth whitening system, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but not limited to:
 - ★ Tooth sensitivity is normal and usually mild but can be worse in susceptible individuals. Usually tooth sensitivity or pain following a whitening treatment subside after a couple minutes or a couple days for susceptible individuals. Gum or tissue irritation. People with existing sensitivity, recession, exposed dentin, exposed root surfaces and large wear faucets, damaged or missing enamel, cracked teeth, cavities, leaking fillings, or other dental conditions that allow penetration of the gel into the tooth may find those conditions increase and to take serious consideration to proceed to whiten teeth.

By printing/signing below, I verify that I have read, understood, agree and that questions were answered to my satisfaction regarding the consent form and teeth whitening procedure.

Print _____ Sign _____ Date _____

Print _____ Sign _____ Date _____

Parent/Guardian Parents must sign for any minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

