

# Teeth Whitening Client Intake Form VIVIDWHITE



## General Information

Name

Date of Birth

Address

City

Province

Postal COde

Phone #

Email

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?

Yes

No

How did you hear about us?

## Dental History

Have you done teeth whitening before?

Yes

No

If yes, please state when:

Do you have any crowns, bridges, veneers, or fillings?

Yes

No

If yes, please state where:

Do you have sensitive teeth?

Yes

No

When was your last dental visit (year)?

## Medical History

Do you currently or have you had any of the following? Please check all that apply:

Bleeding Gums

Tetracycline Stain

Tooth Discoloration

Dental Trauma

Sores in Mouth

Untreated Dental Issues

Are you, or could you be pregnant?

Yes

No

Do you have any allergies to Vitamin E, aloe vera, latex, hydrogen peroxide?

Yes

No

If yes, please list:

## Lifestyle

Do you use any of the following? Please check all that apply:

Coffee

Tea

Red Wine

Dark Sodas

Tobacco Products

Other: \_\_\_\_\_

### By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience to allow them to adjust accordingly. I agree to waive all liability toward my technician for any injury or damages incurred.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature/Guardian

\_\_\_\_\_  
Date

# Teeth Whitening Client Intake Form

VIVIDWHITE



\_\_\_\_\_ I acknowledge that I am purchasing a Teeth Whitening Treatment that is designed to whiten the colour of my teeth. As a part of the purchase, I am asking for assistance in the use of my teeth whitening kit, and I understand that I will be allowed to use a specifically designed LED Lamp in order to accelerate the whitening process.

\_\_\_\_\_ Although most natural teeth can benefit from a teeth whitening treatment, I understand that everyone's teeth are different and that results will vary. I understand that people with yellowish teeth generally get the best results and that if my teeth have spots due to tetracycline use (greyish tint) or fluorosis, these will be difficult to whiten or may not whiten at all. Also, if I have artificial teeth, caps, crowns, veneers, porcelain, composite or other restorative materials, I shouldn't expect dramatic results from this treatment because the peroxide gel will not whiten (or damage) artificial dental work.

\_\_\_\_\_ I understand that my teeth will never be whiter than the white color my genes naturally allow.

**Gum/Lip Irritation:** Whitening gel that comes in contact with gum tissue or the lips during the treatment may cause inflammation or whitening of these areas. This is due to the inadvertent exposure of small areas of those tissues to the whitening gel. The inflammation and/or whitening of the gums and lips are transient, and the color change of the tissue will reverse within approximately 30 minutes. I may feel a stinging and tingling sensation on these areas during the treatment if the gel comes in contact with them.

**Tooth Sensitivity:** Although uncommon, some customers can experience some tooth sensitivity during the first 24 hours after the whitening treatment. People with existing sensitivity, recently cracked teeth, micro-cracks, open cavities, leaking fillings, exposed roots, or other dental conditions that cause sensitivity may find that those conditions increase or prolong tooth sensitivity after the treatment.

**Spots or Streaks:** Some customers may develop white spots or streaks on their teeth due to calcium deposits that naturally occur in teeth. These spots are NOT caused by the peroxide gel. The gel just brings out the already existing calcium deposits, and makes them visible again; these usually diminish over time.

**RELAPSE:** After the treatment it is natural for teeth color to regress somewhat over time. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents, such as coffee, tea, tobacco, red wine, colas, etc. I realize that I should not eat or drink anything except water for 60 minutes after the treatment because the gel opens the pores of my enamel and makes my teeth very vulnerable to staining agents. Only 24-48 hours after I conclude the treatment can I resume my normal habits. I understand that results of the treatment are not intended to be permanent and that secondary, repeat or touchup treatments may be needed for me to maintain the look I desire for my teeth.

\_\_\_\_\_ I understand that this treatment CANNOT be used by pregnant or lactating women, people under the age of 14, people with gum disease, open cavities, leaking fillings, or other dental conditions, or people with a known allergy to peroxide and/or to aloe vera. People that have had braces removed should wait 6 months for cement residue to wear off before getting a teeth whitening treatment and people with a piercing or other metal objects in the oral cavity should remove them before the treatment as they may turn black. If I feel a sharp pain on a particular tooth during the treatment, I should stop the treatment and contact my dentist as this could be a sign of an open cavity.

\_\_\_\_\_ I am aware that I am not in a dental office and that the staff here present is neither dentists nor health professionals. We do not offer any advice on oral health. It is important to visit your dentist on a regular basis. I understand that liability is limited to the amount paid for my teeth whitening products and any teeth whitening products including teeth whitening pens, activated charcoal, toothpastes or any products sold, and that the management/staff of this establishment assume no liability of any kind. I understand it is recommended that I visit my dentist if I experience any problems after using the teeth whitening products.

By signing this document, I indicate that I am not ineligible as per the criteria listed above, that I have read and fully understand this entire document including the possible risks, complications and benefits that can result from the treatment, and that I am performing this treatment under my own responsibility. I also certify that I have healthy teeth and gums.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature/Guardian

\_\_\_\_\_  
Date