

# 1PicturePerfect Smile Consent Form

- If I am pregnant or nursing, I have consulted with my OBGYN and have been given the approval to proceed with whitening.
- I have read and understand the pre and post-treatment instructions. I agree to follow these instructions carefully.
- I understand that compliance with recommended pre and post-procedure guidelines is crucial for healing, and prevention of side effects and complications as listed above.
- The nature and purpose of the treatment have been explained to me. I have read and understand this agreement.
- All of my questions have been answered to my satisfaction, and I consent to the terms of this agreement.
- I release PICTURE PERFECT SMILE, staff, and all specific technicians from liability associated with the procedure.
- I certify that I am a competent adult of at least 18 years of age and/or I am a competent adult parent or legal guardian of the minor listed below.
- This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors, and assigns. By signing this informed consent, I am stating that I have read the information provided in this informed consent (or it has been read to me), the procedure has been explained to me, I understand the procedure, with its possible risks, complications, and benefits, all my questions have been answered to my satisfaction, and I consent to undergo this whitening treatment.
- PHOTO CONSENT I grant permission to PICTURE PERFECT SMILE for the use of my photographs), or electronic media images, in any presentation of any kind and social media outlets. I understand that I may revoke this authorization at any time by notifying PICTURE PERFECT SMILE in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.
- I understand I must be 18 years or older or have a parent/legal guardian sign for me.

We ask that you please reschedule, or cancel, at least 24 hours before the beginning of your appointment or you may be charged a cancellation fee of \$50.00.

---

Client Name

---

Date

---

Date Client Signature or Legal Representative