IVORY SMILE
TEETH WHITENING

TEETH WHITENING CONSENT FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Teeth whitening is a procedure to lighten your teeth. Teeth whitening can't make your teeth brilliant white, but it can lighten the existing shade of your teeth by several shades. The active ingredient is 6% carbamide peroxide in a glycerine base, If you know of any allergy or are aware of an adverse reaction to these ingredients, please do not proceed with the treatment.

Please write your initials on the line, next to each point below:

1. _____ I have read and understand the above information and the information given to me verbally by the therapist.

2. _____I understand that the outcome of my whitening treatment cannot be guaranteed.

3. _____I understand during treatment, I will be required to refrain from consuming any chromogenic substances (eg., tomato sauce, red wine, coffee, and all tobacco products).

4. _____The risks and benefits have been explained to me and I understand them.

5. _____I understand there are no guarantees as to the degree of whitening of my teeth.

6. _____I have had the opportunity to ask questions, and my questions have been answered satisfactorily.

7. _____I do not suffer from any of the medical conditions described or from any other condition (incl dental decay), which may result in me being unsuitable for whitening treatment.

8. _____I consent to the treatment proposed and confirm my understanding and acceptance of the associated risks outlined to me.

9. _____I agree to be responsible for payment of services rendered on my behalf.

10. _____I am over 18 years of age and consent to the agreement and to treatment.

I have had the tooth whitening procedure fully explained to me and have had the opportunity to ask questions. I have read this information sheet. I consent to treatment and assume responsibility for the risks described above. I also consent to photographs being taken. I understand that they may be used for documentation and illustration of my whitening treatment. By signing this document in the space provided, I indicate that I have read and understand the entire document and that I give my permission for whitening treatment to be performed on me.

Client name in full: _____

Client Signature: _____

Date signed: _____