



Name:	
Physical Address:	Postcode:
Home Email Address:	Mobile Number:

Client Expectations: With this treatment, your teeth will never be whiter than your **genetic** colour (DNA). In over 95% of cases, your teeth will go anywhere from 2-10 shades in your first treatment, all teeth will whiten differently depending on age, medications, dietary habits and dental hygiene. Possible white spots may appear on customers who have had braces, porous enamel or Fluoride in water, but this should disappear or blend in with your new colour within 24 hours.

Exclusions For Treatment: Please Answer the Following Questions:

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|--|--------|
| 1.Any allergies to Peroxide, Glycerine, Carbopol resin, Potassium Hydroxide or Surfactants? | YES/NO |
| 2.Do you have tooth sensitivity that is NOT from hot & cold food or drinks? | YES/NO |
| 3.Have you had teeth whitening with a Dentist, Cosmetic Teeth Whitener or a Home Whitening Kit? | YES/NO |
| 4.Have you been to a Hygienist or Dentist to have a Scale and Clean in the last 2 weeks? | YES/NO |
| 5.Do you have a Cracked tooth, Filling fallen out, or a Hole with Decay in any of your teeth? | YES/NO |
| 6.Do you have Periodontal disease or Gingivitis (gum disease)? | YES/NO |
| 7.Do you have any Caps, Crowns, Bridges, Veneers or Fillings in your front 4 teeth? | YES/NO |
| 8.Are you Pregnant, suspected of being pregnant or are Breastfeeding? (Sorry you cannot have this treatment) | YES/NO |
| 9.Have you had Oral Surgery, a Root canal or Tooth Extraction in the past 28 days? | YES/NO |
| 10.Do you have a Severe Medical condition or Treatment i.e. Kidney Dialysis or Chemotherapy? | YES/NO |
| 11.Have you had Lip Fillers or Botox in or around your mouth in the past 2weeks? | YES/NO |

If I, the customer, have answered **YES** to any of the above questions, and have spoken to Sparklewhite Teeth, yet still consent to going ahead with this treatment, I will hold Sparklewhite Teeth in now way accountable or responsible for any adverse reactions at any stage now or in the future.

Client Signature if they have answered YES: _____ **Date:** __/__/__

Pre Treatment, Aftercare and Follow-up:

Do **NOT** brush your teeth with toothpaste inside 3hrs of the procedure, as the fillers in toothpaste may block the whitening gel getting into the enamel pores.

Do **NOT** drink any fluids including water inside 1hr of the procedure, as this may dilute the whitening gel as its going into the enamel pores.

Ladies do **NOT** put lipstick on before coming to your appointment, if you have, please remove it before coming in.

It's a **white diet** for 24-48hrs immediately afterwards, please avoid anything that will change your saliva from clear to a colour i.e. coloured foods, sauces, drinks, smoking, vaping etc.

Customer Consent:

I, the customer named above, consent to undergo the teeth whitening treatment provided by Sparklewhite Teeth and I will waive any right to any action or claim against Sparklewhite Teeth to my whitening treatment. I have read and understood the above and certify that I am 16yrs+ and have healthy teeth and gums.

Client Signature: _____ **Treatment Date:** _____ **Time:** _____ **AM/PM**

For Advertising & Marketing purposes, please tell us how you heard about Sparklewhite? _____

Office Use Only Shade Change:	Practitioners Name:	
Treatment 1 Date: __/__/__	Treatment 2 Date: __/__/__	Treatment 3 Date: __/__/__
Start Top: S ____ After: S ____ = -	Start Top:S ____ After:S ____ = -	Start Top:S ____ After: S ____ = -
Start Low:S ____ After: S ____ = -	Start Low:S ____ After:S ____ = -	Start Low:S ____ After:S ____ = -
Start Eye:S ____ After: S ____ = -	Start Eye:S ____ After: S ____ = -	Start Eye:S ____ After:S ____ = -
Cost: \$	Cost: \$	Cost: \$

NOTES: