

# Sparklewhite Teeth Client Information & Consent Form – (HP)

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Ph \_\_\_\_\_

**Client Expectations:**

People with healthy teeth and gums, but have stains or a yellow tint seem to get the best results. With this treatment **your teeth will never be whiter than your genetic traits (DNA)**. In over 95% of cases Sparklewhite Teeth will lighten teeth 2-10 shades, all teeth will whiten differently. Possible white spots or demineralization may appear on customers who have had braces or who have porous enamel, but this will disappear within 24 hours.

**Exclusions For Treatment: Please Answer The Following Questions:**

- Any allergies to peroxide, glycerin, spearmint, carbopol resin, potassium hydroxide or surfactants? YES\_\_NO\_\_
- Do you have tooth sensitivity that is not from hot & cold food or drinks? YES\_\_NO\_\_
- Have you had teeth whitening with a dentist, cosmetic teeth whitener or a home whitening system? YES\_\_NO\_\_
- Have you been to a **hygienist** or **dentist** to have a scale and clean in the last 2 weeks? YES\_\_NO\_\_
- Do you have a cracked tooth, filling fallen out, or a hole with decay in any of your teeth? YES\_\_NO\_\_
- Do you have periodontal disease or gingivitis (gum disease)? YES\_\_NO\_\_
- Do you have any caps, crowns, bridges or veneers in your **front** teeth? YES\_\_NO\_\_
- Are you pregnant, suspected of being pregnant or are breastfeeding? YES\_\_NO\_\_
- Have you had oral surgery, a root canal or tooth extraction within the last 28 days? YES\_\_NO\_\_
- Do you have any severe medical condition or medical treatment i.e kidney dialysis or chemotherapy? YES\_\_NO\_\_
- Do you have a metal piercing in your mouth? (Please remove a metal stud as they may turn black) 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 no way accountable or responsible for any adverse reactions at any stage now or in the future.

**Client Signature if they answered YES:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Pre Treatment, Aftercare and Follow-up:**

Please do not brush your teeth with toothpaste or water inside 2hrs of the procedure as toothpaste fillers block the pores of your tooth, which will not allow the whitening gel to penetrate into the tooth, and water will dilute the gel. For a minimum of 24 hours after the process, please avoid smoking, coffee, tea, coloured soft drink, red wine, curry, beetroot etc as your pores remain open 12-24hrs. (If it stains a white shirt, then it could stain your teeth)..

**Customer Consent:**

I, the customer named above, consent to undergo the teeth whitening treatment provided by Sparklewhite Teeth and any other entity performing any of these services rendered and hold harmless its employees, distributors and/or wholesalers, their heir, executors, administrators, successors, and assigns of and from all action, which I shall or may have for any reason whatsoever including but not limited to all action, damages, claims and demands arising out of the service(s) provided. I waive any right whatsoever to any action or claim against any party to my whitening treatment.

I authorise Sparklewhite Teeth to send emails regarding my treatment and promotional information. I have read the above and certify that I am 16 years of age or over and have healthy teeth and gums.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ **AM/PM**

To help us with marketing our business, how did you hear about Sparklewhite Teeth? (Please circle) Website, Google, Facebook, Referral, Voucher, Car, Expo, Flyer, TV, Local paper, Wedding Magazine, Radio, Other

<b>Office Use Only Shade Change:</b>		<b>Technicians Name:</b>		
<b>Treatment Date:</b> ___/___/___		<b>Treatment Date:</b> ___/___/___		
Start Top: _____ After _____ Change:-		Start _____ After _____ Change:-		
Start Low: _____ After _____ Change:-		Start _____ After _____ Change:-		
Start Eye: _____ After _____ Change:-		Start _____ After _____ Change:-		
<b>Treatment Cost \$</b>	<b>Followup \$</b>	<b>Maint Kit \$</b>	<b>Total \$</b>	<b>Cash/Eftpos/Vchr</b>
<b>Notes:</b>				