

# TEETH BRIGHTENING AGREEMENT AND CONSENT



## MEDICAL HISTORY SPECIFIC TO TEETH BRIGHTENING

Yes      No

      Do you have Epilepsy? If so, you aren't eligible for the procedure due to the lighting used.

      Are you pregnant or breast feeding? If you are, or think you could be, please request the use of vegan whitening gel.

      Do you have: Crowns, bridges, fillings, implants, partial dentures, or any other oral surgery scheduled in the next six months?

## TERMS AND CONDITIONS

*Please check mark to confirm you understand the following:*

There are no guarantees of the level of brightening which will occur as this result varies by client. There will be a change, however, we cannot guarantee the level.

Additional Teeth Brightening sessions may be required to obtain the ultimate desired result.

I have had the opportunity to ask questions regarding the procedure.

I consent to the treatment and assume all responsibility for the risks described.

Discolouration may appear post-procedure to cracks on previously damaged teeth, as well as randomly on other areas. I understand that this is normal and generally disappears within 24-48 hours.

## CONSENT

I, \_\_\_\_\_, understand and consent to the Teeth Brightening procedure performed by a Certified Cosmetic Teeth Whitening professional at MelaBeauty.

Print Name

Signature

Date