



CLIENT FORM
TEETH WHITENING PROCEDURE

Name: _____ Date: _____
Address: _____ DOB: _____
_____ Day Phone: _____
Email: _____ Mobile: _____
Emergency Contact Person: _____ Phone: _____
Medical Practitioner: _____
Dentist: _____
When did you last visit a dentist? _____
How did you hear about us? _____

Do you have any current dental concerns or problems that may affect your treatment? YES NO

PHOTO CONSENT: Based on my selection below, I do hereby consent to the use of photographs taken of me before and after my whitening procedure for any purpose which Laser & Lipstick deem appropriate. This may include advertisement, both web and non-web based.

Please tick the type of photo permission you wish to allow Laser & Lipstick (please tick one only)

Form with three checkboxes: Full Face, Area Treated Only, None

Please note that if choosing none or area only, photographs will still be taken of before and after each procedure for the purpose of monitoring response to therapy.

I, (client name) _____ Assisting Therapist: _____

consent to all of the above,

Signature: _____ Signature: _____

Date: _____ Date: _____

INFORMED CLIENT CONSENT FOR TEETH WHITENING PROCEDURE

I acknowledge that I am purchasing a self-administered teeth whitening kit that is designed to whiten the colour of my teeth. As a part of the purchase, I am asking for assistance in the use of my teeth whitening kit, and I understand that I will be allowed to use a specially designed LED lamp in order to accelerate the whitening process. Most natural teeth can benefit from a teeth whitening treatment, although I understand that everyone's teeth are unique and that results will vary. I understand that yellow teeth generally experience the most dramatic results but that teeth can only be whitened to the colour that my genes allow. If my teeth have spots due to antibiotic use or fluorosis, these will be difficult to whiten. Also, I understand not to expect any whitening results on: artificial teeth, caps, crowns, veneers, porcelain, composite or other restorative materials. This treatment will NOT lighten or damage artificial dental work.

I understand this treatment is generally SAFE, but that there are some potential risks/complications, and include, but not limited to:

GUM/LIP IRRITATION: Product that comes in touch with gum tissue or the lips during treatment may cause a tingling/stinging sensation. The treatment may cause inflammation or whitening of these areas. This result is transient as inflammation will subside and any colour change will reverse within 30 minutes.

TOOTH SENSITIVITY: Some tooth sensitivity can be experienced during the first 24 hours after the whitening treatment. People with existing sensitivity, recently cracked teeth, micro-cracks, open cavities, leaking fillings, exposed roots, or other dental conditions that cause sensitivity are most at risk of hyper-sensitivity during/after treatment.

SPOTS OR STREAKS: White spots or streaks may become obvious due to calcium deposits that naturally occur in teeth. The treatment does not cause these, it merely brings already existing calcium deposits out and makes them more visible.

ELIGIBILITY: I understand that this treatment CANNOT be used by pregnant or lactating women, people under the age of 16, people with gum disease, open cavities, leaking fillings, or other dental conditions, people with known allergy to peroxide and/or to aloe vera. I am NOT currently taking photoreactive drugs or have consulted with my physician about the use of this treatment with (Chlorthiazide, Hydrochlorothiazide, Chlortalidone, Naprosyn, Oxaprozin, Nabumetone, Piroxicam, Doxycycline, Ciprofloxacin, Ofloxacin, Psoralens, Democlocycline, Norfloxacin, Sparfloxacin, Sulindac, Tetracycline, St. John's Wort, Isotretinoin, Tretinoin). People that have had braces removed should wait for cement residue to wear off and people with a piercing or other metal objects in the oral cavity should remove them before treatment as they may turn black.

DURING TREATMENT: If I experience sharp pain in a particular tooth during the treatment I should stop the treatment and contact my dentist since this could be a sign of an open cavity. I understand I will still be liable for the cost of the 20min treatment.

AFTER TREATMENT: I SHALL NOT EAT OR DRINK ANYTHING OTHER THAN WATER, for a minimum 60 minutes after completion of treatment as my teeth will be very vulnerable to staining.

RELAPSE: After the treatment it is natural for the teeth to regress in colour as they are exposed to various foods and agents that stain the teeth. I understand that the results are not meant to be permanent, and that it is normal to have secondary, repeat or touch up treatments as required to maintain the desired colour for my teeth.

By signing this document, I indicate that I am a suitable candidate for treatment, given the criteria listed above, and that I have read and fully understood this entire document including the possible risks, complications and benefits that can result from the treatment and that I am performing this treatment under my own responsibility and will not hold Laser & Lipstick or its owner, suppliers or any of its employees or contractors liable for any complications that may arise from any of the above risks. I also certify that I have healthy teeth and gums.

Client Name: _____

Assisting Therapist: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

LASER & *Lipstick*

Professional Teeth Whitening After Care

Congratulations!

You have just experienced a revolutionary tooth whitening procedure. The next 48 hours are important in enhancing and maximising your whitening results for a long lasting, bright and healthy smile!

Everyone's teeth have a protective layer called the acquired pellicle. This layer contains the surface dental stains and is removed during a regular dental cleaning or the professional whitening process. Whilst this barrier is fully developing again and in order to maximise the whitening results, it is important that for the next 48 hours you DO NOT consume or use staining substances such as:

- ✗ Coloured Mouth Wash
- ✗ Coloured Lollies/iceblocks
- ✗ Beetroot
- ✗ All tobacco products
- ✗ Coloured Lipstick
- ✗ Coffee/Tea
- ✗ Red Wine
- ✗ Spinach
- ✗ Tomatoes
- ✗ Soft Drinks
- ✗ Mustard/Tomato Sauce
- ✗ Berries
- ✗ Red Sauces
- ✗ Soy Sauce
- ✗ Curry
- ✗ any other strongly coloured substances

- if it will stain a white shirt, it will stain your teeth!

If your daily home care involves the use of Perio RX or any Chlorahexidine, please wait 48 hours before continuing usage of this product. It is common to experience post treatment sensitivity - if this occurs, chew sugarless gum to reduce the peroxide levels, take pain relief that you would normally take for a headache, brush with Sensodyne toothpaste, and avoid hard, crisp or overly sweet foods until the sensitivity subsides.

Additional ways you can maintain your sparkling smile is to avoid staining related habits, use an electric toothbrush, floss and maintain regular professional dental visits.