**ESTHETIC BY DESIGN**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Costumer Expectation:**

People with healthy teeth and gum, but have stains or a yellow tint seems to achieve the best results. Your teeth will never be whiter than your genetic traits. Your teeth will whiten 2 to 8 shades but all teeth will whiten differently. And in all cases your teeth will be cleaned.

You will not experience any heat or burning. On some occasions, you may feel a little tingling or perhaps a slight sensitivity. Teeth and/or gums maybe sensitive for a short time after treatment. You may see temporary bleaching to the gums but this is normal and will disappear, usually in less than a day. Possible white spots or de-mineralization may appear on customers have had braces or who have porous enamel but this will disappear in twenty-four hours.

**Exclusion for Treatment** (***Please answer the following question)*** YES NO

Do you have any allergies or reaction to Carbamide Peroxide, Glycerine,

Potassium Nitrate or Potassium Hydroxide, Menthol, Carbomer or Triethanolamine?

Do you have existing tooth decay, periodontal disease or gingivitis?

Are you either photosensitive to light form are you on photosensitive drugs?

Are you pregnant or suspected of being pregnant or are breastfeeding?

Have you had oral surgery or extraction within the last 28 days?

Do you have any have severe medical condition or are undergoing any severe

medical treatment such as kidney dialysis or chemotherapy?

Are you wearing a piercing or metal object(s) in the oral cavity?

(Please remove, as they may turn black)

If I, the customer, have answered ‘yes’ to any of the above questions and yet still consent to going ahead with this treatment, I will hold Esthetic By Design in no way accountable or responsible for any adverse reactions at any stage or in the future.

Customer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aftercare and Follow-Up**

For a minimum of twenty-fours after the process please avoid consuming coffee, tea, dark coloured soft drink, red wine, curry, beetroot and any other food and drink that would stain the teeth. A good rule of thumb is that it if would stain a white shirt then it could stain your teeth. If your teeth are sensitive, you can use Sensodyne toothpaste for immediate relief. If your lips or other soft tissue in your mouth are sensitive, you can rub Vitamin E ointment on them for relief.

**Customer Consent**

I, the customer named above, consent to undergo the teeth whitening treatment provided by Esthetic By Design and other entity performing any of these services and render and hold harmless its employees, distributors and/or wholesalers, their heirs executors, administrators, successors, and assigns of and form all action, which I, shall or may have any reason whatsoever, including but not limited to all action, damages, claims, and demands arising out of the service or services provided. I waive any right whatsoever to any action or claim against any party to my teeth whitening treatment, I authorize Esthetic By Design to send follow-up emails to me regarding my treatment and Esthetic By Design promotional information.

I have read the above and certify that I am over 17 of age and have healthy teeth and gums.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Treatment \_\_\_\_\_\_\_ am/pm