  
**Tooth Gem Waiver & Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

have read the below information in each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my technician. I give permission to my technician to perform the tooth gem bonding treatment as discussed in the client consultation.

I understand my technician will take every precaution to minimize or eliminate negative reactions to the treatment.

I do understand that, very rarely, permanent damage occurs to the tooth I will not hold the technician liable. I realize I am accepting this treatment as my own risk.

I understand that my technician makes not claims, warranties or guarantees to the safely of the materials or the products used. Including the glues, the gem stones or all of the products used to attach the gem to the surface of the tooth.

I understand that as we are using a self etching product and will not be drilling into the tooth that it will depend on the habits, food choices and lifestyle of the client to determine the length of time the stone is attached to the tooth.

I understand that any damage to the tooth that results from the attachment of the gem is not the responsibility of technician and I take full responsibility for any damage that may occur. No charges for professional dental work will fall to the technician in the instance where a tooth may be cracked or damaged due to a tooth gem.

This is a purely cosmetic procedure and is not intended to fix any issues with my teeth. It is advised at all clients see a dentist for any dental issues before the procedure to attach the tooth gem.

I release the technician from any damage, consequence or tooth or mouth related issues that may arise from the attachment of the tooth gem.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_