



Dentist Designed
Teeth Whitening
Solution

New Patient Questionnaire

First Name: _____ Last Name: _____ Middle Initial _____

Disclaimer:

*You will not experience any heat; you may feel a little tingling on the gums due to minor abrasions from brushing or flossing. You may experience a slight sensitivity for a short time after treatment. You may see temporary blanching of the gums but this is normal and will usually disappear in less than 4 hours. Your teeth will never be whiter than your genetic traits. White spots may appear if you had braces, or have porous enamel, this normally disappears in 24 hours. The Iveri Whitening process does not damage veneers, crowns, or false teeth. Should you experience pain stop the treatment. **Touch Up sessions are recommended every 2 – 12 months.***

Please answer the following:

___ Yes ___ No Have allergies or reactions to peroxide or vitamin E

___ Yes ___ No Have existing tooth decay, periodontal disease, or gingivitis

___ Yes ___ No Are photosensitive to light or are on any photosensitive drugs

___ Yes ___ No Are pregnant, suspected of being pregnant, or are breastfeeding

___ Yes ___ No Under the age of 18 (14 -18 parental consent required)

___ Yes ___ No Have had oral surgery or extractions within the last 28 days

___ Yes ___ No Wearing an oral piercing (Please remove, as they may turn black)

___ Yes ___ No Have any current oral care issues

___ Yes ___ No Been over 12 months since your last dental appointment

If you answered yes to any of the above you must review the information with your Dental Professional prior to whitening. Initial below:

Session 1: _____ Session 2: _____ Session 3: _____ Session 4: _____

Pre-Whitening Instructions

The bleaching must be done 0-2 weeks after a professional cleaning if that isn't possible then an additional 30 must be added to the bleaching appointment with an additional cost of \$88.00 for 15 minutes of cleaning and 15 minutes of polishing .

Be advised not to use toothpaste the day of the bleaching, the particles hinders the treatment particular any products with fluoride.

Cost is \$100.00 for the bleaching (30 min appointment 0-6 shades lighter depending on your original tooth shade), \$170.00 if you want whiter than the 0-6 shades.

Post-Whitening Care and the Follow-up:

For a minimum of 24 hours after the process we suggest avoiding any food or drink that stains the teeth. During the first 24 hours your teeth may be more susceptible to staining than normal.

Precaution

If excessive irritation of gums or teeth occurs, discontinue use. Not recommended if you are pregnant, nursing or under 14 years of age. Do not use if allergic to any of the ingredients. If contact with eyes occurs rinse immediately. Keep out of reach of children. Not for home use. Must be used in conjunction with approved Iveri Whitening teeth whitening light. Do not exceed 15 minutes per session.

Release:

I, _____, and my heirs, successors and assigns, (the "Releaser"), in consideration of the services provided, the receipt and sufficiency of which is hereby acknowledged by Releaser, hereby release Iveri Whitening and its employees, franchisees, distributors, dealers, re-sellers, sub contractors and their successors and assigns (collectively the "Release") from all manner of actions, causes of action, contracts and demands whatever, which Releaser, can, shall or may have for any reason whatsoever arising out of any product, service or services provided. I have read the above and certify that I have healthy teeth and gums.

Client Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____