



TEETH WHITENING PRE- APPOINTMENT, AFTER CARE INSTRUCTIONS AND WAIVER

PRE-APPOINTMENT

-DO NOT BRUSH OR FLOSS AT LEAST 6 HOURS BEFORE APPOINTMENT

(THIS CAN CAUSE BRUSH ABRASIONS AND GUM SENSITIVITY)

-YOU WILL NOT BE ABLE TO EAT FOR 2 HOURS AFTER SERVICE, SO EAT BEFORE YOU COME IF NEED BE.

-STAY HYDRATED. DRINKING A LOT OF WATER 24 HOURS BEFORE YOUR APPOINTMENT WILL HELP MINIMIZE TOOTH SENSITIVITY CAUSED BY DEHYDRATION.

AFTER CARE

-DO NOT EAT OR DRINK ANYTHING BUT WATER FOR THE FIRST 2 HOURS AFTER TREATMENT

-YOU WILL BE ON AN ALL CLEAR AND LIGHT COLOR FOOD DIET FOR 24 HOURS FOLLOWING YOUR TREATMENT. THIS WILL INCLUDE THINGS SUCH AS.....WATER, SPRITE, WHITE WINE, EGGS, BREAD, CHICKEN, PORK, TURKEY, NOODLES, MASHED POTATOES, WHITE SAUCES, WHITE CHEESE, WHITE RICE, ETC....

THE PORES IN YOUR TEETH WILL BE OPEN AND READY TO GRAB ANYTHING STAINING THAT FIRST 24 HOURS, SO ITS CRUTIAL TO FOLLOW INSTRUCTIONS. (YES, TEETH HAVE PORES)

DURING THE PROCEDURE I WILL HAVE YOU WEAR SAFETY GLASSES TO PROTECT YOUR EYES FROM THE BLUE/PURPLE LIGHT. I WILL BE USING A BARIER GEL TO PROTECT THE GUMS FROM THE WHITENING PRODUCT. 20% HYDROGEN PEROXIDE IS APPLIED TO THE TEETH AND A PROFFESIONAL TEETH WHITENING LAMP WILL BE USED. HOW LONG EACH SESSION IS DEPENDS ON THE CLIENT. AT THE END, I WILL APPLY A REMINERALIZER TO THE TEETH, TO REBUILD ANY ENAMEL BROKEN DOWN DURING THE PROCESS.

RESULTS VARY FROM CLIENT TO CLIENT. THOSE WHO ALREADY HAVE WHITER TEETH TYPICALLY DON'T GO AS MANY SHADES WHITER AS SOMEONE WITH MORE STAIN WOULD. YOU COULD GO ANYWHERE FROM 2-8 SHADES IN ONE SESSION. THIS SERVICE IS NON REFUNDABLE.

I ACKNOWLEDGE THAT MY PHOTOS WILL BE USED FOR PROMOTIONAL AND ADVERTISEMENT PURPOSES. I AGREE TO RELEASE AND HOLD HARMLESS ARCHES FOR ANGELS LLC/NICOLE MCGOWAN FROM ANY AND ALL CLAIMS, DAMAGES OR LEGAL ACTIONS CONNECTING TO MY TEETH WHITENING TREATMENT, INCLUDING THE PROCEDURE AND STEPS NECESSARY TO COMPLETE THE TREATMENT AND ANY SENSITIVITY THAT COULD ACCURE DURING OR AFTER THE PROCEDURE.

BY SIGNING THIS DOCUMENT YOU AGREE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT ALL TERMS ABOVE, YOU CONSENT TO THE TEETH WHITENING TREATMENT WITH NICOLE MCGOWAN AND ACCEPT FULL RESPONSIBILITY FOR ANY COMPLICATIONS THAT MAY ARISE DURING OR AFTER THE PROCEDURE.

PRINT NAME: _____ DOB _____

CELL: _____ EMAIL: _____

DATE OF SERVICE: _____

CLIENT SIGNATURE: _____