

CUSTOMER INFORMATION, CONSENT, AND RECEIPT

Date: _____ Phone Number: (_____) _____
Client's Name: First _____ Last _____
Address: _____ City _____ State _____ Zip _____

Technician Use Only:

Starting Shade: _____ **End Result Shade:** _____

Expectations:

People with healthy teeth and gums but who have stains or a yellowish tint seem to get the best results. You will not experience any heat or discomfort. On some occasions, you may feel a little tingling or perhaps a slight sensitivity. Teeth and/or gums may be 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. Your teeth will never be whiter than your genetic traits. All teeth bleach differently. Possible white spots or demineralization may appear on patients who have had braces or who have porous enamel, but this will disappear in 24 hours. The UltraBright Smile LLC service will not whiten or damage veneers, crowns, or false teeth.

Exclusions for Treatment: Please answer the following:

- Yes No Have allergies or reactions to carbamide, peroxide, or glycerin.
 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 16.
 Yes No Have had oral surgery or extractions within the last 28 days
 Yes No Are wearing a piercing or metal object(s) in the oral cavity. (Please remove, as they may turn black)

Aftercare and the Follow-up:

For a minimum of 24 hours after the process, please avoid consuming coffee, tea, dark colored soda, red wine, curry, beetroot and any other food or drink that would stain the teeth. A good rule of thumb is that if it would stain a white shirt it could stain your teeth. If your teeth are sensitive you can use Sensodyne Toothpaste for immediate relief. Of course, we suggest that you brush and floss as directed by your dentist. There is no guarantee as to the longevity of results therefore we recommend daily maintenance with our StayWhite Pen.

Release:

I, _____ (the "Releasor"), in consideration of the services provided and other good and valuable consideration, the receipt and sufficiency of which is acknowledged by Releasor, hereby releases the forever discharges **UltraBright Smile LLC**, and **Merle Norman** and any other entity performing any of these services rendered and its employees, distributors and/or wholesalers (collectively the "Releasee") their heirs, executors, administrators, successors, and assigns of and from all action, which Releasor, his/her heirs, executors, administrators and assigns or any of them hereafter can, shall or may have for any reason whatsoever, including but not limited to all actions, causes of action, damages, claims and demands arising out of service or services provided. **UltraBright Smile LLC** and **Rejuvalase MedSpa** and all entities within advise buyer(s) to consult their dentist before initial treatment. **UltraBright Smile LLC** is an independent contractor that sells to purchasers, technicians, dealers, and wholesalers and nothing shall be construed that would constitute these parties as partners or joint ventures. In the event an attorney is employed to exercise or protect **UltraBright Smile LLC** and/or **Rejuvalase MedSpa** hereunder, Purchaser shall pay all reasonable attorney fees and cost of court incurred by **UltraBright Smile LLC** and **Rejuvalase MedSpa**. This agreement is governed by the State of Louisiana, and the courts of Jefferson Parish shall have exclusive jurisdiction over any claim or dispute arising hereunder. Any legal action or dispute involving **UltraBright Smile LLC** as a party in any way, or arising out of this agreement or the performance of any services may only be maintained in the Parish of Jefferson, State of Louisiana. The laws of Louisiana will govern its validity, interpretation and the performance by parties hereto of their respective duties and obligations. **UltraBright Smile LLC** recommends that your dentist is consulted prior to any and all applications. I have read the above and certify that I have healthy teeth and gums. This is an over the counter cosmetic teeth whitening treatment.

IN WITNESS WHEREOF RELEASOR HAS EXECUTED THIS RELEASE ON date: _____

CUSTOMER SIGNATURE (Releasor)

WITNESS

Payment Method/Receipt: Credit Card { } Type: _____, Debit { }, Cash { }, Check { } # _____

Subtotal \$ _____

Tax { % } \$ _____ (on products and treatment)

Total: \$ _____

Technician: _____