

PART 1

NAME: _____ DATE: _____

Cell: _____ Age: _____

CITY YOU RESIDE: _____

HOW WILL YOU BE PAYING TODAY?: Cash Check Credit Card Paypal Venmo Zelle

How did you hear about us?

- YELP GOOGLE SEARCH DRIVE BY
 FACEBOOK INSTAGRAM ONLINE REVIEW
 REFERRED BY: _____

PART 2

What's YOUR Smile Standard

Did you know that 90% of adults believe that your smile is a key social asset and 74% feel that an unattractive smile can hinder a persons career success?

What is your profession? _____ Is your appearance important to your profession? YES NO

PART 3

Your Teeth

- YES NO Have you ever worn "traditional metal braces"? How Long? _____ Year Removed _____
- YES NO Do you have any of the following "Dental Restoration" that show when you smile/talk?
Crowns Bonding
Porcelain Veneers
- YES NO Do you currently use a toothpaste and/or fluoride rinse to address teeth sensitivity?
- YES NO Do you currently use an electric toothbrush?

Due to genetics, age, condition of teeth, etc. maximum whitening results are not always achieved in one treatment. Should you desire an additional treatment, do you have the ability to come back within 30 days?

PART 4

Teeth Whitening History (Check all that apply)

- This is my first time having an in office professional laser whitening treatment
- I've used trays/whitening gel at home that I got from my dentist
- I've had an in-office whitening treatment before; for example: Zoom, Britesmile, Sapphire
- I've used whitening strips and/or over the counter whitening products purchased from a drug store/infomercial or the internet

Your Teeth Sensitivity Level (see below)

- None (0-1) | Mild (2-4) | Moderate (5-6) | Very (7-8) | Extremely (9-10)

PART 5

Habits / Diet / Lifestyle (Please circle all that apply to you)

- Coffee
- Tea
- Red Wine
- Cola
- Fruit Juices
- Cigars
- Tomato Based Sauces
- Curry
- Balsamic Vinegar
- Soy Sauce
- Cigarettes
- Chocolate
- Cannabis
- Berries
- Beets Beetroot
- Popsicles
- Chewing Tobacco
- Sports/Energy Drinks

PART 6

At Home Whitening **Note:** We will fill this out at the end of your 1st appointment.

- * Refrigerate Gel when you get home.
- * You are taking home one 10ml syringe of our "One of a kind" Anti Gingival Whitening Gel. Enough for 8 to 10 treatments at home.
- * Utilize the mouthpiece contained in your "5-minute whitening kit."
- * 1 ml of Whitening gel is enough for both the upper and lower teeth.
- * At home treatment: _____ time for _____ minutes every _____ weeks.
- * Great to use in between your "Smile High Club" touchups which we strongly recommend every 6 months.