

Please fill this out before your whitening. **Don't write any health details here.** Sarah will go over anything that could affect your results with you privately.

About you

Full name _____

Phone _____ Email _____

Best way to reach me

☐ Text ☐ Call ☐ Email

Interested in

☐ Signature Glo Session ☐ Pre-Wedding Glo Up ☐ Couple's Glo Up ☐ Wedding party
☐ Not sure yet

Best time for a video check

☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings ☐ Weekends

Wedding date (if any) _____

Before we begin

I confirm that I am 18 or older and not pregnant or breastfeeding. I understand that teeth whitening is a cosmetic service and is not a substitute for regular dental exams or professional dental advice. I understand that results vary from person to person and a specific shade cannot be guaranteed, that crowns, veneers, bonding and fillings will not whiten, and that temporary sensitivity may occur.

_____ I have read and agree to the statement above, and I voluntarily consent to receive teeth whitening services from The Smile Glo.

Please initial the statement above. Unretouched before and after photos of your smile (mouth only, no face) may be shared on The Smile Glo website and social media. ☐ Please don't share my photos.

Signature _____ Printed name _____ Date _____

The Smile Glo · Sarah Adam, RDH · Whitening Specialist

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