

CUSTOMER INFORMATION, CONSENT, AND RECEIPT

Date _____ Time _____ Phone # (____) _____ E-mail: _____

Client's Name: First _____ Last _____ Age _____ Gender: M F

Occupation: _____ Birthday: _____ Status: Single, Married

Address: _____ City _____ State _____ Zip _____

Do you have a "Yelp.com" account? YES _____ (Active user: Yes ___ No ___) NO _____

Have you done teeth whitening before? YES _____ (How long ago? _____) NO _____

Do you smoke: YES _____ (Actively ___ Sometimes ___ In the past ___) NO _____

How did you hear about us? (Google _____ Yahoo _____ Facebook _____ Yelp _____) Recommendation _____

Walked by _____ **Groups deals:** _____ Other: _____

Technician Use Only: Starting Shade: _____ Ending Shade: _____
Starting Shade: _____ Ending Shade: _____

Expectation:

People with healthy teeth and gums, but who have stains or a yellowish tint seem to get the best result. You will not experience any heat or discomfort. On some occasions, you may feel a little tingling or perhaps a slight sensitivity or some local pain. Teeth and/or gums or lips may be sensitive or very rarely swollen for a short time after treatment. You may see temporary white spots on the gums, but this is normal and will disappear, usually in few hours. Your teeth will never be whiter than your genetic traits. All teeth bleach differently. Possible white spots or demineralization may appear on patient who have braces or porous enamel, but this will disappear in 24 hours.

Exclusions for Treatment: Please answer the following:

- ___Yes ___No Have allergies or reactions to Carbomide, Peroxide, or Glycerin.
- ___Yes ___No Have existing tooth decay, periodontal disease, or gingivitis.
- ___Yes ___No Do hot and cold temperatures make your teeth ache?
- ___Yes ___No Pregnant, suspected of being pregnant, or breastfeeding.
- ___Yes ___No Under the age of 16.
- ___Yes ___No Had oral surgery or extractions within the last 28 days.
- ___Yes ___No Wear ring a piercing or metal object(s) in the oral cavity. (Pease remove, as they may turn black)

Aftercare and the follow-up:

For a minimum of 12 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 result therefore we recommend daily maintenance with our Magic smile Pen, or periodically touch ups using Magic Kit Pro.

Release:

I, _____ (the "Releaser"), in consideration of the services provided and other good and valuable consideration, the receipt and sufficiency of which is acknowledges by Releasers, hereby releases the forever discharges Magic Smile and any other entity performing of any of these services rendered and its employees, distributors and/or wholesales (collectivity the "Releaser") their heirs, executors, administrators, successors, and assigns of and from all actions, which releaser, 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 services provided. Magic Smile and all entities within advise buyer(s) to consult with their dentist before initial treatment. Magic Smile 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 Magic Smile hereunder, Purchaser shall pay all reasonable attorney fees and cost of court incurred by Magic Smile. This agreement is governed by the State of New York and the courts of New York City shall have exclusive jurisdiction over any claim or dispute arising hereunder. Any legal action or dispute involving Magic Smile as a party in any way, or arising out of this agreement or the performance of any services may only be maintained in New York City, State of New York. The laws of New York govern its validity interpretation and the performance by parties hereto on their respective duties and obligations. It is recommended that your dentist is consulted prior to any and all applications. I have read the above and confirm that I have healthy teeth and gums.

CUSTOMER SIGNATURE (Releaser) _____ **DATE** _____

Payment Method/Receipt: Credit Card Type _____ Debit, Cash, Subtotal \$ _____ PayPal _____
Tax \$ _____ (on products and treatment) **Additional** _____ **Total: \$** _____
Technician: _____ **Comments** _____