

# Whitening for life!

\*\*\*Over \$1000 value for one \$199!\*\*\*

We feel every patient in our practice deserves to have a smile that they can be proud of. We are excited to offer our patients a unique program called Whitening for Life!

When you come to our office for your preventative examination, x-rays and cleaning, we will provide you with custom bleaching trays and materials for a one time enrollment fee of \$199. Then, at each recommended preventative visit, we will give you a complimentary tube of whitening gel. This ensures that you will be able to keep your teeth bright and beautiful for life!

The details of your Whitening for Life program are listed below. Please review the policy and sign below acknowledging and understanding the requirements for eligibility. We require that you comply with all the conditions as stated below to remain eligible for the whitening for life program.

1. Be a patient of record I and at least 18 years old.
2. Have had a complete examination by Dr. Cluff, with recommended x-rays and cleaning or periodontal maintenance by our hygienist.
3. Do not have active untreated gum disease, decay, root sensitivity, oral cancer, etc.
4. Agree to, read and sign the whitening consent.
5. Must keep appointments for regular schedule cleaning or periodontal maintenance, exam and necessary x-rays.
6. If a change comes up in your schedule we require 48 hours notice so other patients can be served during your previously scheduled appointment. Also, we require that you schedule your appointment within two weeks of the previously scheduled appointment date.
7. A maximum of one whitening solutions refill will be rewarded at each re-care appointment but not more than twice annually.
8. Lost or destroyed applicator trays will be replaced at your cost. We reserve the right to change the whitening product type at any time.
9. We reserve the right to discontinue your enrollment of the Whitening for Life program at anytime if deemed necessary for any reason.
10. Failure to follow any of the above patient responsibilities will result in termination of the Whitening for Life program and normal fees will apply for a new services associated with teeth whitening.

I, \_\_\_\_\_, hereby certify that I agree to the terms and conditions outlined above. I also acknowledge receipt of Dr. Ana Cluff's tooth Whitening consent form. I understand that "Whitening for Life" is a privilege to individuals who meet and maintain all of the rules and regulations pertaining to said program.

Signature \_\_\_\_\_

Date \_\_\_\_\_