

Whitening for Life!

We feel that 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 \$99. 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 our Whitening for Life program are listed below. Please review the policy and sign below acknowledging receipt and understanding of the requirements for eligibility. We require that you comply with all the conditions stated below to remain eligible for the Whitening for Life program.

1. Be a new or current patient of record and at least 18 years old.
2. Have had a complete dental examination by Dr. Erickson or Dr. Leber with recommended x-rays, and cleaning or periodontal maintenance by one of our hygienists.
3. Do not have active, untreated gum (periodontal) disease, decay (caries), root sensitivity, oral cancer, etc.
4. Agree to read and sign the whitening consent form.
5. Must keep appointments for regular scheduled cleaning or periodontal maintenance, exams, 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 reschedule your appointment within two weeks of the previously scheduled appointment date.
7. Must not have an outstanding balance with Erickson Dental (including dental claims).
8. A maximum of one whitening solution refill will be rewarded at each re-care appointment, but not more than twice annually.
9. Lost or destroyed applicator trays will be replaced at your cost.
10. We reserve the right to change the whitening product type at any time.
11. We reserve the right to discontinue your enrollment in the Whitening for Life program at anytime if deemed necessary for any reason.
12. 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 any future services associated with teeth whitening.

I, _____, hereby certify that I agree to the terms and conditions outlined above. I also acknowledge receipt of Erickson Dental'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