



Whitening for Life

Offer Includes:

- Home Whitening Tray Set (1 upper and 1 lower).
- 2 tubes of whitening solution to start.
- 1 tube of whitening solution every 6 months, with continuing care.
- Optional 2 week whitening check.

Restrictions:

- New patient exam, necessary x-rays and adult prophy must be completed for this offer.
- Must make/keep continuing care appointments at the recommended appointed time.
 - 3, 4 or 6 month hygiene visits (cleanings)
 - Completion of any necessary restorative work in a timely manner
- Custom tray impressions will be taken and delivered when decay and hygiene therapy is completed.
- Proper home care must be continued throughout program.
- Replacement trays available at regular cost.
- Additional tubes can be purchase at regular cost.
- Minimum age 18; 16 with signed parental consent.
- Cannot be combined with any other offer.
- Wake Dental Care reserves the right to discontinue this program.

Home Care:

- Brush and floss teeth before placing trays in mouth.
- Load trays with a small amount of solution (about the size; capital "O") to each tooth area on the side that is you see when you smile.
- If you over fill the tray gently wipe off excess gel with your finger.
- Trays should be worn for two to four hours to maximize effect of the treatment.
- After use, rinse mouth and brush teeth and trays gently with cool tap water.
- Store trays in case.
- Trays should only be worn by the person for whom they were made.
- Whitening solution should be stored in the refrigerator when not in use to maintain shelf life.

Precautions:

- Keep gel away from heat/sunlight. Do not freeze.
- Pregnant women should not use gel.
- Fillings and crowns will not whiten; their replacement may be desired for optimal results.
- Old amalgams (silver) fillings may cause dark purple or grey marks on trays, this is normal.
- Foods and juices that are high in acid may cause sensitivity.
- Do not smoke or eat while whitening trays are in place.
- Avoid coffee, tea, red wine and other dark colored foods and drinks until desired whitening is achieved.

Print Name: _____ Signature: _____ Date _____

Parent Signature: _____ Date _____