



*GLO Science Professional Consent Form:*

*The following information has been given to me so that I can make an informed decision about using the GLO Science Professional chairside whitening treatment.*

*I understand that the regimen is not recommended for pregnant or lactating women. During the first 48 hours after the GLO Science Professional chairside whitening treatment, some people can experience some mild tooth sensitivity or pain. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, cracks, open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions temporarily increase. Whitening treatments may cause inflammation of the gums, lips or cheek margins. This is due to inadvertent exposure of a small area of the tissue to the whitening gel. The inflammation is usually temporary and fully subsides over a few days.*

*In signing this consent I am stating I have read the informed consent and I fully understand it and the possible side effects that can result from the GLO Science Professional chairside whitening treatment. I hereby release, waive, discharge and covenant not to sue GLO Science, Inc. from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to the use of GLO Science Professional chairside whitening treatment.*

*Should you have any questions or hesitation regarding the product or procedure, please discuss with your dental professional.*

Name (please print) \_\_\_\_\_

Name (please sign) \_\_\_\_\_

Date: \_\_\_\_\_