



WHITENING FOR LIFE

Teeth Whitening for Life is a loyalty and rewards program that is a courtesy and privilege, compliments of Southern Dental. We believe it is extremely important to preserve a healthy and beautiful smile. We want to reward our patients who know and understand the importance of maintaining their dental health.

HOW TO QUALIFY:

New Patients

First we will see you to complete a comprehensive exam by the hygienist and doctor, x-rays, and cleaning. Then once your teeth are cleaned and healthy, you will be able to enroll in our Whitening For Life program. Your first time enrollment fee will be waived, see patient activation rules for more details.

Existing Patients

If you have already had whitening done in our office, and have your custom made whitening trays, you can choose to be enrolled into the syringe bleaching option, after you have signed our contract. If you have not already had whitening done in our office and would like to join our program you can enroll in our take home whitening option, please see the details below.

Whitening Options

Syringe Bleaching Option- If you have custom made whitening trays, you will receive four syringes of bleaching solution that will be enough for 2 weeks of wear at your first enrollment appointment. At each re-care appointment you will receive two syringes of solution. You will be eligible to purchase more solution in between visits. One syringe for \$20 or Two syringes for \$30.

➤ **Startup Cost: \$49**

Whitening GO Option- There are no impressions or custom trays necessary! Your startup kit will include upper/ lower trays that are extremely comfortable & conform to any patient's individual smile. The superior adaptation of the trays to your mouth ensures the maximum amount of gel stays in contact with your teeth during whitening. At each re-care appointment you will receive a mini kit.

➤ **Startup Cost: \$99**

WHITENING FOR LIFE CONTRACT

This privilege, while complimentary, does have some rules. Below is a description of said rules. Please read through them carefully and sign below, acknowledging that you understand how our Whitening for Life program works.

Patient Activation Rules:

1. Must be at least 18 years of age.
2. New patients must complete initial hygiene cleaning, necessary x-rays and exam.
3. Must comply with minimum required dental care as stated by doctor*. Patient must not have active, untreated disease- gum (periodontal) disease, decay (caries), root sensitivity, oral cancer, etc.
4. Patients with a history of broken appointments must have at least a six-month patient history without any broken appointments.
5. Must not have outstanding bills with the practice and comply with our Financial Policies.

Lifetime Maintenance Rules:

1. You must maintain continued care as treatment planned by one of our doctors and hygienists.
2. Must maintain continued hygiene care as specified by one of our doctors and the hygienists (usually 6 month appointments or 3-4 months for periodontal patients).
3. Must make all scheduled appointments. Cancellations will be made with a minimum two (2) Business Days' notice and original appointment rescheduled within the next two weeks.
4. A maximum of 1 whitening treatment will be given at each re-care appointment with a maximum of 2 annually.
5. Lost or destroyed trays will be not replaced for this program, patient will receive mini kit as a replacement.
6. Should any of the rules failed to be met, you will be disqualified from the program and provided the opportunity to re-enroll for a \$30 re-activation fee.

*** Disclaimer: Any doctor or staff member of Southern Dental has the right to void this offer if deemed necessary based on patient health conditions, misuse, abuse, or any other factor as determined by a staff member. A minimum gum and teeth health status is required to receive professional teeth whitening in order to prevent complications that may arise with unhealthy teeth and gums. Southern Dental reserves the right to change product type amount, frequency of distribution, terms of agreement and refusal of distribution for whatever reason necessary.

Patient Signature _____ Date _____

Staff Signature _____ Date _____