White 365

WHITENING PROGRAM



MEMBERSHIP CONTRACT

The professional White 365 Whitening Program was developed for those patients who are taking their dental health seriously. After you've enrolled in the program, all you have to do is maintain your regularly scheduled appointments with us, and we'll provide you with complimentary touch up whitening after every hygiene recall visit (subject to Eligibility for Enrollment and Terms and Conditions).

ELIGIBILITY FOR ENROLLMENT

After your dental professional ensures you are a good candidate for whitening, you will need to purchase an initial tooth whitening treatment. This treatment can either be done in the office or as a take-home system which would include the fabrication of a custom whitening tray. Following your initial whitening treatment, and for as long as you continue to meet the program's Terms and Conditions, you will receive complimentary touch up whitening after every hygiene recall visit.

In order to be eligible for enrollment, you must:

1. Be at least 18 years of age.
2. Complete initial hygiene cleaning, x-rays, and dental examination.
3. Purchase an initial tooth whitening treatment, including whitening trays* (this may be a chair side and/or take home whitening procedure). * Lost or destroyed whitening trays will be replaced at cost to the member.

TERMS AND CONDITIONS

The program does have some basic guidelines that need to be met in order to maintain your eligibility. Should any of these fail to be met, you may be disqualified from the program and provided with an opportunity, after a waiting period, to re-enroll for an additional fee.

To maintain your eligibility for membership in the White 365 Whitening Program, you must:

I. Comply with the minimum required dental treatment as suggested by doctor.
II. Keep regular scheduled hygiene recall, exam and x-ray appointments.
III. Abide by office policies with regards to missed appointments, outstanding bills, and payments.

Disclaimer: _____ , its doctors and staff have the right to refuse eligibility into the White 365 Whitening Program based on patient health conditions, misuse, abuse, or any other factor deemed necessary to void offer. This program is subject to termination, modification, or suspension at anytime.

I, _____, hereby certify that I agree to the terms and conditions outlined above.

Signature:_____ Date:_____