{Company name or logo }  
  
Tooth Jewelry Consent Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that some of the bonding material supplied by (INSERT NAME HERE) may not be removed by anyone but a Dentist/Dental Hygienist and that I accept all responsibilities should I choose to use this bond for my tooth gems. Should any gems fall off and semi bond is remaining on the tooth, I am unable to get any gems replaced until the tooth is clear. I also understand that no guarantees to any length of time that for tooth gems can be made. I understand that these may last months to years and that I am to maintain excellent oral hygiene and keep the tooth as clean as possible to prevent any cavities/plaque build-up etc.  
  
To my knowledge I do not have any allergies to any dental materials that may be used. I realize that there are dental materials used to apply tooth gems and by signing this document, I release any fault of the person and business placing this tooth gem if there should be any allergic reactions or problems resulting from this application.   
  
Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Clients signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Parental Consent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Technicians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_