



## Whitening for Life Program - \$200

Whitening for Life is a program extended to patients of Dr. Pamela Ottesen who have proven themselves as individuals who take their oral hygiene and general dental health seriously. We believe it is extremely important to maintain recommended hygiene care appointments and receive necessary dental treatment to maintain a healthy and beautiful smile. In fact, patients who maintain regular hygiene appointments and receive recommended treatment spend less money on dental care (on average) than those who only see the dentist when a problem exists. All too often, people who wait until there is a problem have irreversible damage to their teeth and gums. We pride ourselves on the smiles in our practice. We also pride ourselves in knowing our patients are maintaining the best possible oral health.

Our Whitening for Life Program was developed as a benefit for those patients who are already taking their dental health seriously, and as an incentive for those who need a little help keeping up with their dental care. Patients will receive custom made, professional, take home whitening trays for personal use and one whitening syringe. Below is a brief description of the rules for this program. Please read through the rules carefully and review the policy and sign below, acknowledging receipt and understanding of compliance of said policy. Should any of the rules fail to be met, you will immediately be disqualified from the program and provided the opportunity to re-enroll for a \$50 re-activation fee.

### **New Patient Activation Rules:**

1. Must be at least 18 years of age
2. Must complete initial hygiene cleaning, x-rays, doctor's exam, and re-appoint for six-month re-care.
3. Must comply with minimum required dental care as treatment planned by doctor
4. After all necessary dental treatment has been completed: patient will have impressions taken for professional whitening system and trays will be made and delivered within a two week period.
5. Must make all scheduled appointments. Cancellations will be made with a minimum 48-hour notice and original appointment rescheduled within the next 2 weeks.
6. Must not have any outstanding bills with Dr. Ottesen's office.

### **Existing Patient Activation Rules & Regulations:**

1. Must be 18 years of age or older.
2. Must comply with minimum required dental care as treatment planned by doctor.
3. Must comply with broken appointment policy.
4. Must not have any outstanding bills with Dr. Ottesen's office
5. Must have at least six-month patient history without any broken appointments or late arrivals.

### **Lifetime Maintenance Rules:**

1. Must maintain minimum continued care as treatment planned and appointed by Dr. Ottesen and team.
2. Must maintain continued hygiene care (six or three month hygiene appointments).
3. Must comply with all Dr. Ottesen's policies regarding payment and broken appointments.

4. A whitening solution refill will be rewarded at each re-care appointment. Anything above and beyond that will be the patient's financial responsibility.

5. Lost or destroyed trays will be replaced at cost to patient. (\$50 fee if original models are retained) (\$150 if new impressions are needed)

Disclaimer: Dr. Ottesen and team have the right to refuse to offer if deemed necessary based on patient health conditions, misuse, or any other factor deemed necessary to void offer. Minimum gum and teeth health is required to receive professional whitening. Those that have active, untreated gum disease, decay, root sensitivity, or oral cancers may not participate in this program until oral conditions stabilize. We reserve the right to discontinue your enrollment in the Whitening for Life program at any time if deemed necessary for any reason.

I, hereby, certify that I agree to the terms and conditions outlined above. I also acknowledge receipt of Dr. Ottesen's Broken Appointment Policy. I understand that Teeth Whitening for Life is a privilege only bestowed to individuals who meet and maintain all of the rules and regulations pertaining to said program.

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Patient Name (Printed)	Date	Patient Signature
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