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MEMBER'S NAME \_\_\_\_\_

## Our **Whitening for Life**™ Program Takes Years off Your Smile and Keeps it Bright Forever!

Because we believe it is extremely important to maintain recommended hygiene appointments and receive necessary dental treatment to maintain a healthy and beautiful smile, we have the perfect program for you. It is called our **Whitening for Life**™ program. This program was developed 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 who take advantage of the **Whitening for Life**™ program will receive custom made, professional, take home whitening trays for personal use.

Here's how the **Whitening for Life**™ program works. There are two available options.

- Pay \$400 (a \$600 value) for our one hour in-office *jump start* professional whitening procedure and receive the **Whitening for Life**™ (maintenance) program FREE.

*Or*

- Pay a one-time enrollment fee of \$99 for the **Whitening for Life**™ program.

To become a member of the **Whitening for Life**™ program, we ask that you agree to:

- Maintain your regular six-month hygiene appointments with us
- Give us at least 24 hours notice if you need to reschedule your appointment(s) with us
- Keep your balance with us current
- Complete your treatment for the minimum required dental care

What you will get in return:

- Professional custom fabricated whitening trays
- Professional whitening gel
- One free whitening gel refill at every six-month hygiene appointment providing member requirements are met

We pride ourselves on the smiles that leave our practice. We also pride ourselves on knowing our patients are maintaining the best possible oral health.

*I hereby certify that I agree to the terms and conditions outlined above. **Whitening for Life**™ program is a privilege only bestowed to individuals who meet and maintain its member requirements.*

\_\_\_\_\_  
Patient Signature if 18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature if Patient is under 18 years of age

\_\_\_\_\_  
Date