

# Bright Rewards

## ENROLLMENT FORM

Patient agrees to following terms and conditions:

1. Patient must be at least 18 years old.
2. Patient must be a new patient or current patient of record.
3. Patient must have completed a full dental examination at the practice with all recommended x-rays.
4. Patient must have completed a prophylaxis (standard cleaning), scaling and root planning or periodontal maintenance with one our hygienists within the past six months.
5. Patient must not have active, untreated, gum (periodontal) disease, open cavities, root sensitivity, oral cancer or any other dental condition precluding whitening treatment.
6. Patient must understand and sign the Whitening Consent Form.
7. Patient must keep all regularly scheduled appointments for prophylaxis (standard cleaning) or periodontal maintenance, exams, and necessary x-rays (at least 2 times per calendar year).
8. Patient must provide at least 48 hours notice when seeking to reschedule an appointment. Patient must reschedule appointment within 1 month of the original appointment date.
9. Patient must not have any outstanding balance with practice at time of enrollment.
10. A maximum of 1 whitening touch-up gel will be rewarded at each recall appointment, but not more than twice annually. Additional gel may be purchased at cost.
11. Lost or destroyed custom trays and whitening gel must be replaced patient's own cost.
12. Practice reserves the right to change the whitening product type at any time.
13. Failure to follow any patient responsibility will result in disenrollment from the Bright Rewards program. However, patient will have the opportunity to re-enroll in Bright Rewards at a reduced cost.

I, \_\_\_\_\_, hereby agree to the terms and conditions outlined above. I also acknowledge receipt of the Whitening Consent Form. I understand that Bright Rewards is a privilege to individuals who meet and maintain all of the rules and regulations pertaining to said program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Name & Representative: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in our Bright Rewards program!