Consent Form (Tooth Gem)

Studio: _____

Technician: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Placement Details

Tooth / Location: _____

Gem Style / Shape: _____

Gem Material: _____

Adhesive Used: _____

Please read and initial each item

- [ ] I confirm I meet the minimum age requirement for this service.
- [ ] I confirm that my decision to get a tooth gem is entirely my own.
- [ ] I confirm that I am not currently experiencing tooth pain, sensitivity, a cracked tooth, active decay, gum disease, or dental work in progress on the tooth being treated. I understand that tooth gem application is not recommended on teeth with these conditions.
- [ ] I understand that if I am unsure about my dental health, I should consult a dentist before proceeding with this service.

- [ ] I understand that a dental-grade adhesive is used to bond the gem to the enamel surface. The process involves light etching of the tooth enamel, which is a standard bonding technique.
- [ ] I understand that tooth gems typically last _____ with proper care, but individual wear time can vary based on placement, bite, oral hygiene habits, and lifestyle.
- [ ] I understand that duration cannot be guaranteed, and that the gem may come off sooner than expected without any fault of the technician.
- [ ] I understand that if the gem comes off on its own, I should not attempt to reattach it with non-dental adhesives. I should contact the studio or a dentist if concerned.
- [ ] I understand that _____ is not a dental office, and this service is a cosmetic procedure. This is not dental treatment and does not replace regular dental care.
- [ ] I understand potential risks including: discomfort during application, minor enamel etching at the bond site, difficulty cleaning around the gem, and the possibility of swallowing the gem if it detaches.
- [ ] I agree to follow the aftercare instructions provided.
- [ ] I had the opportunity to ask questions before the procedure.
- [ ] *(Optional)* I consent to before/after photos for the technician's portfolio and marketing use. I understand I may decline this without affecting my service.

Health and Safety Screening

- **Known allergies (latex, acrylics, dental adhesives/composites)?**
  - [ ] Yes — describe: _____
  - [ ] No
- **Active dental treatment in progress (orthodontics, ongoing dental work)?**
  - [ ] Yes — describe: _____
  - [ ] No
- **Teeth grinding (bruxism) or jaw clenching?**
  - [ ] Yes
  - [ ] No

Grinding significantly shortens gem lifespan and may increase wear on the tooth.

- **Veneers, crowns, or bonding on the treatment tooth?**

- [ ] Yes — describe: _____
- [ ] No

Other notes: _____

- [ ] I certify that I have answered the above questions truthfully.

Client Signature: _____ Date: _____

Technician/Staff Signature: _____ Date: _____