**Tooth Gem Agreement and Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to my knowledge, do not have any allergies or sensitivity to any dental materials that could be harmful to myself. I realize that if there are any dental materials used placing a tooth crystal, I release any fault of the person and business placing the tooth crystal if this proves to be harmful due to an allergic reaction.

I must be 18 and if I am not, I will be required to have a parental consent and present.

I will follow the after care of not eating hard foods and brushing my teeth for at least 12 hours from time of tooth crystal placement in order to have the crystal to stay intact.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / /

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature