

Jamie's Therapeutic Touch

1730 Crockett Rd

Palestine, TX 75801

Name: _____ Birthday: _____

Address: _____

E-mail: _____

Phone: _____

1. HAVE YOU EVER HAD YOUR TEETH WHITENED?

2. IF YES TO QUESTION 1 WHICH WHITENING METHOD?

(EX. DENTAL OFFICE, ZOOM, COSMETIC, HOME WHITENING, ETC..)

3. ARE YOUR TEETH SENSITIVE?

(EX. HOT, COLD, LIGHT, HEAT, AIR, ETC...)

4. WHAT ARE YOUR EXPECTATIONS AND WHAT TYPE OF RESULTS ARE YOU WANTING TO ACHIEVE FROM THIS WHITENING PROCEDURE?