

Tooth Whitening Prescription Form v1.0

Prescribing Dentist Details

Name: Prescription Date:	Trained Operator Name:	
Signature:	Date of Procedure: Time:	
Patient Details	Supervising onsite dentist:	
	Location:	
Patient Name	Cost of procedure:	
<u>D.O.B</u>	System Used:	
Prescription Details: Treatment requested:	Observations or Complications noted:	
Troublent requestou.	Start Shade: End Shade:	
	Operator Comments:	
Purpose / Justification	Operator Signature:	



Tooth Whitening Record Form v1.0

<u>reatment Record</u>			
(To supplement not replace clinical records)			
ained Operator Nam	<u>1e:</u>		
te of Procedure:		Time:	
pervising onsite de	entist:		
cation:			
st of procedure:			
stem Used:			
servations or Com	nlications noted:		
iscivations of Gom	prications noted.		
art Shade:		End Shade:	
erator Comments:	-		

Watch Dental Group 2010