



*Snap* **On Smile**

**Patient Authorization and Release Form**

It is recommended that you remove your Snap-On Smile at night. You can eat and drink with your new appliance, however you may choose to start with a softer diet and work your way up to harder more substantial foods. This appliance is not intended to restore or repair decayed teeth. We advise that you brush your Snap-On Smile and your natural teeth after every meal which will allow you to maintain good oral hygiene. We recommend that you keep your Snap-On Smile in the protective cases that is provided when you are not wearing them. We cannot be responsible for anything that may occur to your teeth while wearing the Snap-On Smile. **This appliance is custom made and therefore we cannot offer any refund.** The Snap-On Smile is guaranteed for 60 days. We can adjust your appliance at no extra cost to you. At periodic check-up visits we will re-evaluate the Snap-On Smile as a courtesy service.

I authorize \_\_\_\_\_ to take digital and/or Polaroid film of me for study model purposes. This film will become the sole property of the above named party.

(place your practice name here)

**How did you hear about Snap-On Smile? (Circle One)**

TV    Radio    Newspaper    Mail    Magazine    Website    Friend

Other (specify) \_\_\_\_\_

I certify that I have completely read and understand the above information. I have had the opportunity to investigate the Snap-On Smile procedure and I have had all of my questions answered accurately and to my satisfaction. With this understanding, I authorize the Snap-On Smile affiliated dentist to perform the Snap-On Smile procedure on me. I agree to be responsible for payment of all services rendered on my or my dependents behalf.

\_\_\_\_\_  
Print Patients Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian

Date \_\_\_\_\_