

First Name 名字:

Last Name 姓氏:

Date of Birth (D/M/Y) 出生日期:

HK ID Card 香港身份證:

Address 地址:

Phone 電話:

Email 郵箱:

CLIENT CONTRACT 客戶合同

I, to my knowledge, do not have any allergies or sensitivities to any dental materials that could be harmful to myself.

我對任何牙科材料無過敏及敏感性。

I realize that there are dental materials used placing a tooth crystal and by signing this document, I release any fault of the person and business placing the tooth crystal if this proves to be harmful due to an allergic reaction.

通過簽署此份文件，我知悉此種水晶牙齒。如有過敏現象危害，我將不追究個人及商業的責任。

I understand if I am under the age of 18, I will be required to have parental consent.

若未滿 18 歲，經父母同意方可進行。

Date 日期:

Signature 簽名:

Parental Consent 父母同意: