



# CONSENT FOR IN-OFFICE TEETH WHITENING

## GENERAL DESCRIPTION

The amount of whitening varies from patient to patient and cannot be predicted or guaranteed. But, in general:

1. Yellow or brown teeth, surface stains, and uniformly darkened teeth are easier to whiten than gray or bluish teeth. Striped or spotted teeth are difficult to whiten.
2. Brite and White Whitening Systems use a quick whitening procedure that may or may not require additional whitening treatments to reach a desired lightened shade. Additional procedures or treatments could include take-home products or additional office visits.

## CANDIDATES FOR TREATMENT

Most people are potential candidates for the whitening procedure. However, there are a few exceptions:

1. People with significant periodontal disease are not candidates.
2. People with fillings that may be breaking down, unfilled cavities in their teeth or chipped or worn teeth may be better treated by restorative procedures first.
3. Pregnant women should obtain permission from their doctors before the whitening procedure.
4. People with minimal discoloration (teeth that are already white) may not see substantial a degree of whitening.

## POTENTIAL RISKS

1. Scientific articles have shown that the materials used by our office to whiten your teeth are effective and safe. It does not change the structure of teeth; it merely makes them appear whiter and brighter.
2. If tooth sensitivity develops, fluoride home care gel may be recommended for reducing sensitivity. If sensitivity persists for more than 12 hours or is severe, contact our office.
3. The whitening procedure can cause temporary inflammation and white or red spots on your gums, lips, or cheeks. This should resolve itself within 48 hours. If it persists, contact our office.
4. If you have tooth sensitivity, fillings that are breaking down, decay in your teeth, erosions of the teeth, or exposed root surfaces due to periodontal disease, the peroxide may have direct access to the affected areas. These conditions need correction prior to the whitening procedure. Please inform your dentist of such conditions prior to treatment.
5. There is a slight risk of oral mucosal inflammation caused by the whitening chemicals. This should resolve within 48 hours, If it persists, please inform your dentist as soon as possible.
6. The whitening procedure can be very effective at whitening the teeth but will not change the color of fillings or crown(s) already in your teeth. For esthetic reasons, such fillings may need changing after the whitening procedures.
7. The whitening treatment plan has been reported not to be effective on some patients. Our office will provide our best efforts to whiten your teeth, but lightening results cannot be guaranteed.

**RESPONSIBILITIES**

1. Avoid the use of tobacco and teeth-staining foods and beverages such as: tea, coffee, red wine, colas, tomato paste, citrus and any colored drinks, red meat (see patient take home instructions) and dark green vegetables for 2 days after the whitening procedure.
2. Never place household or commercial bleach in your mouth.
3. Keep your recall appointments with our office.
4. If you have any questions or concerns, contact our office.

**GUARANTEES**

There are no guarantees as to the degree of whitening of your teeth.

1. The amount of whitening varies with the individual.
2. Additional whitening session and the use of ancillary whitening systems may be required to obtain desired results.
3. In some instances, lightning is minimal or unapparent.

**Informed Consent:**

1. I consent to photographs being taken. I understand they may be used for record documentation and for illustration of my treatment.
2. The risks, responsibilities, and benefits have been explained to me and I understand them.
3. I have had the opportunity to ask questions, and my questions have been answered.
4. I have read the above information, I consent to treatment, and I assume responsibility for the risks described above.

\_\_\_\_\_ RETENTION OF DOCUMENTS RELATING TO YOUR CARE AND AGREEMENT. By signing  
*(Initial)* this, you understand and agree that it is our policy to scan original documents and store documents in an electronic form. Further, you agree that any agreement bearing scanned signature, which is printed from the electronic form, has the same force and effect as the original document.

Shade pre-whitening: \_\_\_\_\_ Shade post-whitening: \_\_\_\_\_

Patient's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Name: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This document is offered as a Standard Consent form. Our office accepts no legal responsibility for its completeness or its use.***