

CHAIRSIDE TEETH WHITENING CONSENT FORM

1. **BACKGROUND.** We provide this information to give you insight into chairside professional teeth whitening. Your cooperation and understanding of this material is necessary as we strive to achieve the best results for you.
2. **PROCEDURE.** Chairside professional teeth whitening is a procedure designed to lighten the color of your teeth using a hydrogen peroxide mixture. It produces maximum whitening results in the shortest possible time with minimum sensitivity. During the procedure, the whitening gel will be applied to your teeth for three (3) 15-minute sessions. For the duration of the entire treatment, a plastic cheek retractor will be placed in your mouth to help keep it open and your gums will be covered with a barrier to ensure isolation from the hydrogen peroxide gel. Before and after the treatment, the shade of your teeth will be assessed and recorded.
3. **RISKS.** All forms of health treatment, including teeth whitening, have some risks and limitations. Complications that can occur in professional teeth whitening are infrequent and are usually minor in nature.
 - Tooth Sensitivity. During the whitening process, some patients may experience tooth sensitivity. This is normal and generally mild if your teeth are not normally sensitive. If your teeth are normally sensitive, please inform us before treatment. Please let us know if you experience any discomfort during or after the procedure so we are able to minimize your discomfort.
 - Gum and Soft Tissue Irritation. Whitening may cause inflammation of your gums, lips, or cheek margins. This is generally the result of the whitening gel coming into contact with these tissues. Protective materials are placed in the mouth to prevent this, but despite our best efforts, it can still rarely occur. If any irritation does occur, it is generally short in duration and is very mild. Rinsing with warm salt water can relieve it.
 - Existing Restorations. White fillings; porcelain or composite restorations, crowns, or veneers will not whiten at all during this procedure. Please discuss this with Dr. _____ prior to beginning treatment, as it may have color discrepancies between the natural teeth and the veneer and/or crowns.
4. **TREATMENT RESPONSIBILITIES.** If you do not understand something communicated to you during consultation, or in any printed material given to you before or after the procedure, please feel free to ask.
5. **EXPECTATIONS.** Significant whitening can be achieved in many cases, but there is no absolute way to predict how light your teeth will get. Please understand that teeth with multiple colorations, bands, splotches, or spots due to tetracycline staining or fluorosis do not whiten as well and may appear more spotted after treatment. These effects are generally short in duration. Chairside professional teeth whitening is not recommended for pregnant or lactating women, children under 18 years of age, or any persons having known peroxides allergies.

- 6. ALTERNATIVE TREATMENT OPTIONS.** While we feel that chairside whitening is the fastest, most effective means of whitening your teeth, please take note that there are other options available to you, such as take-home systems or teeth whitening paint. If you have questions regarding other treatment alternatives, please ask the dentist.
- 7. CONSENT.** I understand that my chairside professional whitening treatment cannot be guaranteed. I can ask my doctor about whitening treatments that will most benefit my case.

I understand that after treatment, I will be required to refrain from consuming any chromogenic substances (i.e., tomato sauce, coffee, all tobacco products) for 48 hours.

By signing below, I am stating I have read this informed consent form and I fully understand it and the possible risks, complications, and benefits that can result from the chairside teeth whitening system.

Patient Signature: _____ **Date:** _____

Print Name: _____

Doctor Signature: _____ **Date:** _____

Print Name: _____