



Whitening Consent Form

I understand that my professional whitening treatment cannot be guaranteed, as teeth whiten differently for each individual depending on his or her genetic traits and types of stains. I also understand that my teeth whitening treatment is not intended to whiten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials. I understand that the longevity of my whitening results will vary based on the types of food and drink that I consume, brushing habits, and optional maintenance with other whitening maintenance products.

I understand that all forms of health treatment, including teeth whitening, have some risks and limitations. Complications can occur, but are infrequent and usually minor. I understand that the whitening product is designed for minimal to no sensitivity, but during or after the whitening process some patients may experience sensitivity which is normal, temporary and generally mild. A mild analgesic will usually be effective in eliminating any discomfort.

I understand that whitening may cause inflammation of gums, lips and/or cheek margins. I may see a white film on my gums after the procedure which is a normal and temporary reaction to hydrogen peroxide. Protective materials are placed in the mouth to prevent this, but despite the best efforts of the dentist, it can still occur. If any irritation does occur, it is generally short of duration and mild. Rinsing with warm salt water can relieve it.

Use of the product is not recommended for children under 16 or women that are pregnant or breastfeeding. I UNDERSTAND THAT IF ANY STATEMENTS BELOW APPLY TO ME, OR IF I AM UNSURE IF THEY APPLY TO ME, THAT I SHOULD BRING IT TO MY ORAL HYGIENIST'S OR DENTIST'S ATTENTION BEFORE CONTINUING WITH TEETH WHITENING PROCEDURES OR PRODUCTS:

- Do you have a severe gag reflex?
- Are you prone to gum sensitivity?
- Do you have sensitivity to sunlight or other forms of direct light?
- Are you taking any medications that increase your sensitivity to sunlight or to other forms of direct light?
- Do you wear braces or have loose crowns, broken teeth, or other unfinished dental work?
- Have you had any oral surgery or extractions within the last 90 days?
- Do you have existing tooth decay, untreated gingivitis or periodontal disease?
- Are you, to your knowledge, allergic to any of the following: Hydrogen Peroxide, Glycerin, Carbomer Sorbitol, Sodium Hydroxide, EDTA, Potassium Nitrate, or Silicone?

AFTER CARE:

I understand I should avoid eating or drinking any chromogenic substances (i.e. tomato sauce, coffee, red wine and all tobacco substances) for 48 hours after the whitening treatment. I understand it is highly recommended that I, in conjunction with using teeth whitening maintenance products, maintain regular visits to my Oral Hygienist for optimum results.

PATIENT CONSENT:

I, (print name) _____, confirm that I have read and understand the above information.

PATIENT'S SIGNATURE _____ DATE: ____ / ____ / ____

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