

HOME WHITENING CONSENT FORM

Tooth whitening is a cosmetic procedure prescribed by a dentist to whiten your teeth. It is done in 2 appointments. The first is to take impressions of your teeth. Trays from these models are then made that are custom-fitted to your mouth to hold the bleaching solution to your teeth. These trays and the whitening material are delivered at the second appointment.

Some risks involved with whitening treatment include, but are not limited to:

- hot and cold sensitivity
- a burning sensation in the tissues
- soft tissue ulcers
- sore throat from swallowing the solution

Patients with root sensitivity may find the problem aggravated. Persons with allergies to the solutions should not undergo treatment. Pregnant women should also not undergo treatment. Patients with active decay should have the teeth restored prior to home whitening.

Expected Results:

- As tooth lightening is unpredictable, no guarantee of whitening is made. Most patients find that their teeth will lighten 1-2 shades on a dentist's shade guide.
- Treatment time can vary from patient to patient.
- Yellow and brown stains usually lighten better than gray or blue stains. Some patient's stains relapse after treatment is discontinued. Periodic re-treatment is generally indicated.

By providing my signature, I certify that I have read and understand the above information concerning bleaching. I have been informed of the treatment, the fees, any alternatives, and the benefits and risks involved. All of my questions have been answered to my satisfaction.

I also understand that other procedures might have been recommended for the health of my mouth, including films and exams. I understand the risks of ignoring these recommendations and take full responsibility for any further tooth decay or periodontal disease in my mouth that occur.

Signature: _____ Date: _____