



INFORMED CONSENT FOR TOOTH WHITENING

Tooth whitening can, in many cases, restore your teeth to a youthful colour. This procedure does not harm your teeth and takes 40-60 minutes in office.

As in all esthetic enhancement procedures, there are variables and end results that are not guaranteed. In most cases your teeth will become several shades brighter. The type of discoloration affecting your teeth, your dietary habits, maintenance, and overall condition of your teeth may affect the outcome of the treatment and the term of the results. Additional charges may be incurred for special situations where treatment time is extended.

This procedure is not recommended for pregnant or lactating women. Children's candidacy is determined on a case-by-case evaluation.

Potential side effects and possible alternatives include but are not limited to:

1. Tooth sensitivity may occur during tooth whitening. This is a temporary side effect and usually resolves itself. It may be relieved by a mild analgesic such as Advil, Tylenol, or Fluoride treatments in conjunction with whitening.
2. A dental cleaning must be completed before the procedure. In some cases, it is recommended to wait 2 weeks after a cleaning to have the whitening done due to inflammation.
3. Leaky, faulty restorations or cavities must be treated before beginning or continuing with the procedure.
4. Exposed root surfaces, grooves, notches, or depressions where the teeth meet the gums, will be isolated from whitening gel, yet may be sensitive during and/or shortly following treatment.
5. Dental restorations such as bridges, caps, veneers, and fillings will not lighten with your tooth whitening and may need partial or complete replacement.
6. These facts will be brought to your attention prior to commencing whitening.

I have read and understand the above information pertaining to the benefits and possible side effects and results of tooth whitening. I realize that lack of my co-operation as a patient may adversely affect the quality of my individual whitening results. I understand my responsibilities and time commitment as a patient. I have had the opportunity to ask questions and have consent to this tooth whitening procedure.

Date: _____

Signature: _____