



## **INFORMED CONSENT FOR TOOTH WHITENING**

Shade Guide: B1 A1 B2 D2 A2 C1 C2 D4 A3 D3 B3 A3.5 B4 C3 A4 C4 (Vita)

Tooth Whitening can, in many cases, restore your teeth to a youthful colour. This procedure does not harm your teeth and may take two weeks to complete.

As in all esthetic enhancement procedures, there are variables and end results 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 conjunctions with whitening.
2. Leaky, faulty restorations or cavities must be treated before beginning or continuing with the procedure.
3. 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.
4. Dental restorations such as bridges, caps, veneers and fillings will not lighten with your tooth whitening and may need partial or complete replacement.
5. These facts will be brought to your attention prior to commencing whitening.

Our office recommends that you have an "in office" boost prior to you taking home your whitening trays with one of our qualified dental team members. Over the long term the colour of your teeth will need to be "re-whitened". This is generally done at home with your whitening trays. This application is necessary to maintain your new tooth colour.

Possible alternatives are in office whitening only, veneers, or crowns, and/or a possible combination of these procedures. These alternatives and more information on these options are available upon request.

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 how consent to this tooth whitening procedure.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dental Specialist \_\_\_\_\_ Date \_\_\_\_\_