

# CONSENT FOR LASER TEETH WHITENING TREATMENT

## GENERAL DESCRIPTION

The amount of whitening varies from patient to patient and cannot be predicted or guaranteed. But in general:

1. Yellow or brown teeth, surface stains, and uniformly darkened teeth are easier to whiten than gray or bluish teeth. Striped or spotted teeth are difficult to whiten.
2. Your teeth may or may not require additional whitening treatments in order to reach a desired shade. Additional procedures (or treatments) could include take-home products or additional office visits.
3. The procedure to be done today involves concentrated hydrogen peroxide gel and a red laser light.
4. The gel is heat activated and may cause some temperature sensitivity during the procedure. Please inform your provider if these symptoms are occurring.

## CANDIDATES FOR TREATMENT

Most people are potential candidates for the whitening procedure. However, there are a few **exceptions**:

1. People with **significant periodontal disease** are not candidates.
2. People with fillings that may be breaking down, unfilled cavities in their teeth or chipped or worn teeth may be better treated by **restorative procedures first**.
3. **Pregnant or nursing** women ideally should not whiten, permission from their OB/GYN before the whitening procedure may be accepted.
4. People with **minimal discoloration** (teeth that are already white) may not see as substantial a degree of whitening.

## RISKS

1. The whitening procedure can cause temporary **inflammation and white spots on your gums**. This should resolve itself within 12 hours. If it persists, contact our office.
2. If you have tooth sensitivity, fillings that are breaking down, decay in your teeth, erosions of the teeth or exposed root surfaces due to periodontal disease, the peroxide may have direct access to the affected areas. These **conditions** need correction prior to the whitening procedure. Please inform us of any such conditions prior to treatment.
3. The whitening procedure can be very effective at whitening the teeth, but **will not change the color of fillings or crown(s) already in your teeth. For esthetic reasons, such fillings may need changing after the whitening procedures.**
4. The whitening treatment plan has been reported **not to be effective on some patients**. Our office will provide our best efforts to whiten your teeth but lightening results cannot be guaranteed.
5. If **sensitivity or pain** develops during the procedure, **INFORM THE ASSISTANT OR DOCTOR IMMEDIATELY**. If the problem cannot be immediately resolved the procedure will be stopped.

## RESPONSIBILITIES

1. Avoid the use of tobacco and teeth-staining foods and beverages such as: tea, coffee, red wine, colas, tomato paste, and dark green vegetables for 2 days after the whitening procedure.

2. Never place household or commercial bleaches in your mouth.
3. Keep your recall hygiene appointments with our office.
4. If you have any questions or concerns during the procedure inform us immediately.
5. If you have any additional questions or concerns, contact our office.

## GUARANTEES

There are **no guarantees** as to the degree of whitening of your teeth.

1. The amount of whitening **varies with the individual**.
2. Additional whitening sessions and the use of ancillary whitening systems may be required to obtain desired results, resulting in additional fees for treatment.
3. In some instances lightening is minimal or unapparent.

## CONSENT

1. I consent to photographs being taken. I understand they may be used for record documentation and for illustration of my treatment.
2. The risks, responsibilities, and benefits have been explained to me and I understand them.
3. I have had the opportunity to ask questions and my questions have been answered.
4. I have read the above information, I consent to treatment, and I assume the responsibility for the risks described above.

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Patient Signature

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Printed Name

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Dentist Signature

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Assistant Signature

(Date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Shade pre-whitening:

Shade post-whitening: