

Informed Consent for Home Whitening

Home whitening ingredients are usually carbamide peroxide, hydrogen peroxide and glycerin. These solutions have been in use in dentistry for many years, and when used properly will not harm your teeth or gums. Some risks involved with treatment include, but are not limited to:

- Hot and cold tooth sensitivity
- A burning sensation in the tissues or gum irritation
- Soft tissue ulcers on the gums or cheeks
- Damage to nerves of teeth with loose or leaking existing fillings (all cavities should be filled before bleaching)
- Sore throat from swallowing solution

Some dental restorations can be damaged from the bleach and may need to be replaced.

Contraindications: Patients with root sensitivity may find the problem aggravated. Persons with allergies to carbamide peroxide, hydrogen peroxide, and glycerin should not undergo treatment. Pregnant women should check with their physicians prior to undergoing treatment.

Expected Results

As tooth lightening is unpredictable, no guarantee of whitening is made. Most patients find that their teeth will lighten 1-5 shades on a dentist's shade guide

Treatment time can vary although most people see some results in about 5 days. Treatment time is usually 2-6 weeks.

Yellow and brown stains usually lighten better than gray or blue stains. Some patient's stains relapse after treatment is discontinued. Tooth whitening effects may last indefinitely or **some darkness may reappear**. Periodic re-treatment is generally required.

Instructions

After thoroughly cleaning the teeth, place bleaching solution into the appliance as directed.

Place the filled appliance in the mouth. Do not swallow excess bleach.

Follow the directions given to you as to the maximum and minimum amount of time the appliance may be worn. _____ hours a day is recommended.

Replenish solution every _____ hours.

Be sure to clean the appliance thoroughly at least once a day.

Do not wear your appliance while eating.

If gums or teeth become uncomfortable, discontinue treatment and contact this office.

I have read and understand the above information concerning home bleaching. I have been informed of the treatment, the fee(s), any alternatives, and the benefits and risks involved. All of my questions have been answered to my satisfaction.

Patient Signature _____ Date _____

Witness _____