



LASER TEETH WHITENING CONSENT FORM

NAME: _____ TEL: _____ DATE: _____
ADDRESS: _____ CITY: _____ STATE: _____
EMAIL: _____ COUPON PURCHASE: _____ PAID IN OFFICE: _____

Disclaimer:

The amount of whitening varies from client to client and cannot be predicted or guaranteed but in general use:

1. Yellow or brown teeth, surface stains, and uniformly darkened are easier to whiten than gray or bluish teeth. Striped or spotted teeth are difficult to whiten as well.
2. The whitening system uses a high intensity bleaching gel process countered with a LED light which activates the gel components. This procedure may or may not require additional whitening to achieve the desired lightened shade.

Candidates for the Treatment:

Mostly all clients are potential candidates for the teeth whitening procedure. However, there are a few exceptions:

1. People with significant periodontal disease are not good candidates
2. People with fillings that may be breaking down unfilled cavities, or chipped or worn teeth may be better treated by a restorative procedure first.
3. If you are pregnant, obtain permission from your doctor before trying the whitening procedure.
4. People with minimal discoloration. (teeth that are already very white) may not see a substantial degree of whitening.

Risks:

Scientific articles have shown that the materials used in the teeth bleaching process are safe and effective. It does not change the structure of teeth: it merely helps achieve a whiter and brighter look.

1. If tooth sensitivity develops, fluoride home care gel can be recommended for reducing sensitivity. In the unlikely event that sensitivity persists for more than several hours, contact your dentist.
2. The bleaching gel, if misplaced and comes in contact with the gums, can cause temporary inflammation and white spots. This should resolve itself within a few hours.
3. Be aware that fillings that are breaking down, decay in your teeth, erosion of the teeth, or exposed root surfaces due to periodontal disease; the peroxide gel may have direct access to these affected areas and may cause discomfort.
4. The whitening process is very effective at whitening teeth out will not change the color of fillings or crowns.

Helpful Suggestions:

1. Avoid the use of tobacco and teeth staining foods and beverages such as, tea, coffee, red wine, colas, red meat, tomato paste, and dark green vegetables for 2 days after the whitening process.
2. Never place household or commercial bleach in your mouth
3. It is recommended you visit your dental office regularly.
4. If you have questions or concerns, please ask.

Guarantees:

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

1. The amount of whiteness varies with each individual.
2. Additional whitening sessions may be required to obtain the ultimate desired result,

Customer Consent:

1. I consent to this self-managed procedure.
2. I have read this consent form and understand the risks, responsibilities, and benefits explained on it.
3. I have had the opportunity to ask questions regarding this procedure. 4. | consent to treatment and | assume the responsibility for the risks described above.

***THIS DOCUMENT MUST BE SIGNED BY ALL CLIENTS PRIOR TO BLEACHING!**

Customer Signature: _____ Printed Name: _____ Date: _____