

Chase M. BAKER, DDS

INFORMED CONSENT FOR TOOTH WHITENING

PATIENT NAME

DATE

TO THE PATIENT

You have the right, as a patient, to be informed about your condition and the recommended whitening procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to scare you or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure. Please ask us about anything that you do not understand.

- **GEL/TRAY AT-HOME TREATMENT:** The whitening procedure consists of fabricating flexible trays from molds of your teeth taken at an initial appointment. At the next appointment we verify the fit of the trays and instruct you on the use of the materials. The active agents are in a gel, which is placed in the tray. The trays are then placed over the teeth and worn for thirty (30) minutes two (2) times daily. Generally, it will take use of the gel for up to two (2) to three (3) weeks to get the maximum effect.
- **IN-OFFICE TREATMENT:** The whitening procedure consists of placing a lip retractor, cotton rolls to isolate the teeth, and a resin masking material on the gums to protect them from the whitening materials. The active agents are in a gel, which is then placed on the teeth. After 15 minutes, the gel is rinsed off, and more placed. This procedure is repeated one to three more times. Then, everything is removed.

EXPECTATIONS

Significant whitening can be achieved in most cases, but there is no definite way to predict how light your teeth will get. Patients with yellow or yellow brown teeth tend to whiten better or quicker than patients gray or gray-brown teeth. Teeth discolored by antibiotics, decalcification (white spots), root canal therapy, or trauma do not always respond predictably, and may require additional treatment. On the other hand, if your teeth are already a lighter shade, your additional whitening results could be minimal. The level of whiteness varies with each individual; therefore, you may or may not achieve a high degree of whiteness. During your consultation your dentist will give you his best estimate as to your results, but we cannot guarantee those results for the reasons outlined.

It may appear that there is a slight darkening of your teeth within the first few days after treatment or discontinuing the use of the gel. This is due to the reformation of a saliva coating. Also, through the normal staining process of day-to-day eating and drinking, you may experience a slight regression of shade. This will depend on the frequency of your use of tobacco products, coffee, tea, red wine, and other staining foods/drinks. This can generally be managed by use of the trays and more gel for a short period of time to freshen up the bleaching.

ALTERNATIVE TREATMENT OPTIONS

There are other options available for whitening teeth. Some of these are:

1. Porcelain Crowns
2. Porcelain Veneers
3. Composite Bonding Veneers

If you have further questions, ask the doctor or your assistant for help.

Please initial each of the following:

- X_____ Tooth sensitivity during and after the use of the trays is possible. This sensitivity is usually mild. If your teeth are sometimes sensitive before the procedure, the chance of sensitivity is greatly increased. If this is the case, we may suggest taking a mild analgesic (such as Advil or Tylenol) before placing the trays. If your teeth become sensitive during or after the procedure, the mild analgesic will help you feel more comfortable. This sensitivity generally goes away 6-12 hours.
- X_____ Temporary inflammation of the gums and other soft tissues of the mouth can occur during the procedure. This irritation is usually gone very quickly.
- X_____ I have had an opportunity to discuss with the Doctor my past medical and health history including any serious problems or injuries.
- X_____ I agree to cooperate completely with the recommendations of the Doctor while I am under his care, realizing that any lack of the same could result in a less than optimum result.
- X_____ Procedure is not recommended for pregnant/ lactating women.

I CERTIFY THAT I HAVE HAD AN OPPORTUNITY TO READ FULLY AND UNDERSTAND THE TERMS AND WORDS WITHIN THE ABOVE CONSENT TO THE PROCEDURE AND THE EXPLANATION REFERRED TO OR MADE. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED. I ALSO STATE THAT I READ AND WRITE ENGLISH.

- I GIVE CONSENT FOR THE TREATMENT AS DESCRIBED ABOVE.
- I REFUSE TO GIVE MY CONSENT FOR THE PROPOSED TREATMENT AS DESCRIBED ABOVE. I HAVE BEEN EXPLAINED AND UNDERSTAND THE POTENTIAL CONSEQUENCES OF MY CHOICE.

X_____ X_____
PATIENT, PARENT, GUARDIAN DOCTOR

X_____ X_____
WITNESS DATE

*MINOR; ANY UNMARRIED MALE OR FEMALE THAT HAS NOT REACHED THEIR 18TH BIRTHDAY
* PATIENT IS TO INITIAL EACH PARAGRAPH AFTER READING