**PATIENT INFORMED CONSENT**

**(Tooth Whitening)**

**GENERAL DESCRIPTION**

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

* Yellow or brown teeth, surface stains, and uniformly darkened teeth are easier to whiten than grey or bluish teeth. Striped or spotted teeth are difficult to whiten.
* LumaLite Whitening Systems use a quick whitening procedure that may or may not require additional whitening treatments in order to reach a desired lightened shade. Additional procedures or treatments could include take-home products or additional office visits.

**CANDIDATES FOR TREATMENT**

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

* People with significant periodontal disease are not candidates.
* 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.
* Pregnant women should obtain permission from their doctors before the whitening procedure.
* People with minimal discoloration (teeth that are already white) may not see as substantial a degree of whitening.

**RISKS**

* Scientific articles have shown that the materials used by our office to whiten your teeth are effective and safe. It does not change the structure of teeth; it merely makes them appear whiter and brighter.
* If tooth sensitivity develops, fluoride home care gel may be recommended for reducing sensitivity. If sensitivity persists for more that 12 hours or is severe, contact our office.
* The whitening procedure can cause temporary inflammation and white spots on your gums. This should resolve itself within 12 hours. If it persists, please contact our office.
* 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 your dentist of such conditions prior to treatment
* The whitening procedure can be very effective at whitening the teeth, but will not change the colour of fillings or crown(s) already in your teeth. For aesthetic reasons, such fillings may need changing after the whitening procedures.
* 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.

**RESPONSIBILITIES**

* Avoid the use of tobacco and teeth-staining foods and beverages such as: tea, coffee, red wine, sodas, tomato paste, citrus and any coloured drinks, red meat (see patient take home instructions) and dark green vegetables for 5 days after the whitening procedure.
* Never place household or commercial bleaches in your mouth.
* Keep your recall appointments with our office.
* If you have any questions or concerns, contact our office.

**GUARANTEES**

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

* The amount of whitening varies with the individual.
* Additional whitening sessions and the use of ancillary whitening systems may be required to obtain desired results.
* 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.

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Name

Dentist \_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Name

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

Shade pre-whitening: \_\_\_\_\_ Shade post-whitening: \_\_\_\_\_