

A. IDENTIFICATION

I, _____ willingly agree to the following procedure:
(Print your full name)

B. STATEMENT OF REQUEST

I understand that my professional whitening treatment cannot be guaranteed as teeth whiten differently for each individual depending on his/ her genetic traits and types of stains. I also understand that my teeth whitening treatment is not intended to whiten artificial teeth, crowns, bridges, porcelain veneers, composites or other restorative materials. I understand that the longevity of my whitening results will vary based on the types of food and drink that I consume, brushing habits, and optional maintenance with other whitening maintenance products.

I understand that all forms of health treatment, including teeth whitening, have some risks and limitations. Complications can occur but are infrequent and usually minor. I understand that the whitening product is designed for minimal to no sensitivity but during or after the whitening process, some patients may experience sensitivity which is normal, temporary and generally mild. A mild analgesic will usually be effective in eliminating any discomfort. I understand that whitening may cause inflammation of gums, lips and or cheek margins. I may see a white film on my gums after the procedure which is a normal reaction of hydrogen peroxide which should only be temporary. Protective materials are placed in the mouth to prevent this, but despite our best efforts, it can still occur. If any irritation does occur, it is generally short of duration and is mild. Rinsing with warm salt water can relieve it. Use of the product is not recommended for children under 16 or women that are pregnant or breastfeeding.

I UNDERSTAND THAT IF ANY STATEMENTS BELOW APPLY TO ME OR IF I AM UNSURE IF THEY APPLY TO ME, THAT I SHOULD BRING IT TO MY DENTAL ASSISTANT'S OR DENTIST'S ATTENTION BEFORE CONTINUING WITH TEETH WHITENING PROCEDURES OR PRODUCTS:

- Do you have a severe gag reflex?
- Are you prone to gum sensitivity?
- Do you wear braces or have loose crowns, broken teeth, or other unfinished dental work?
- Have you had any oral surgery or extractions within the last 90 days?
- Do you have existing tooth decay, untreated gingivitis or periodontal disease?
- Are you, to your knowledge, allergic to any of the following?: Hydrogen Peroxide, Glycerin, Carbomer Sorbitol, Sodium Hydroxide, EDTA, Potassium Nitrate, or Silicone

AFTER CARE: I understand I should avoid eating or drinking any chromogenic substances (i.e. tomato sauce, coffee, red wine and all tobacco substances) for 48 hours after the whitening treatment. I understand it is highly recommended that I, in conjunction with using teeth whitening maintenance products, maintain regular visits to my Oral Hygienist for optimum results.

C. SIGNATURES

1. COUNSELING DENTIST/PROFESSIONAL: I have counseled this patient as to the nature of the proposed procedure(s), attendant risk involved, and expected results, as described above.

Signature of Counseling Dentist/Professional	Date and Time

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, described above.

Signature of Patient or Legal Guardian	Date and Time
Signature of Witness	Date and Time

