

MG Dentistry's In Office Teeth Whitening Informed Consent Form

To the CLIENT: You have a right to be informed about your condition and its treatment, so that you may decide whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give, or withhold, your consent for treatment.

- 1) I _____ understand that I will undergo Teeth Whitening treatment(s) using a high concentrated gel that is only to be administered by a dental professional.
- 2) I understand that multiple treatments may be necessary to achieve desired results. Treatments can take from 30 minutes up to one hour. Additional treatments may be necessary to maintain desired results. Teeth Whitening works best on yellow stained teeth. Gray teeth are more difficult to whiten, or may not respond to treatment. Such cases may require porcelain veneers to achieve the desired result. No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Results will vary per patient. I agree to adhere to all safety precautions and regulations during the treatment.
- 3) **Possible Side Effects can include but are not limited to:** Allergic reaction to the gel solution, tooth sensitivity and irritation of the soft tissues (particularly the gums).
- 4) I understand that if I am not actively being treated by a dentist, my technician has no dental qualifications to diagnosis and that my teeth are not being examined for health, cavities, etc.
- 5) I am aware that I should be examined by a dentist prior to treatment. I will advise my technician if I had/have any cavities or other dental work in my mouth.
- 6) I understand that if I have veneers, porcelain, or other dental materials in my mouth, that these materials can not get any whiter than their original color.
- 7) I understand I am not a good candidate for this procedure if I have significant periodontal disease, fillings that may be breaking down, unfilled cavities, or chipped or worn teeth. I understand if I have any of these conditions I will advise my technician.
- 8) If I am pregnant I understand that I may receive a Teeth Whitening service, however; I must first consult with my doctor.
- 9) If I am provided/purchase a home whitening treatment kit, I will follow the instructions provided by my technician. I will not use the product more that instructed.
- 10) I have read and understand the Post-Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are crucial for healing, prevention of side effects and complications as listed above.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement.

I release MG Dentistry, its staff, and specific technicians from liability associated with the procedure.

I certify that I am a competent adult of at least 18 years of age. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Note: All prices are subject to change without prior notice

Client's Name (Please Print): _____

Client's Signature: _____

Date: Time: _____

Post- Op Instructions: Teeth Whitening

- The whitening process dehydrates your teeth so it can cause a chalky appearance; it is very important to drink a lot of water in the next 24 hours to rehydrate. Sensitivity and soreness following whitening is very common; your teeth may be sensitive to cold air and soft drinks and your gums may be tender. Sensitivity and soreness will gradually subside after a couple of days.
- If you are more prone to sensitivity, you may choose to use anti-sensitivity toothpaste or a fluoride rinse after whitening. If you do have extreme pain or sensitivity please call our office as you may require in office fluoride treatment.
- Results can be quite dramatic. Upon completion of the whitening process, the color will continue to intensify over the next several hours. “Touch-up” treatments will be needed in order to maintain your whitening results. These touch ups can be done every 3 – 6 months, but can be done in as little as 10 days. The longevity of your whitening treatment depends on your at home maintenance and habits. Several over the counter products such as crest white strips, gels, toothpaste and rinses provide an excellent source to your at home maintenance. Take home kits are also available at our office for an additional cost.
- Try to avoid any stain causing foods after your whitening procedure for 48 hours. This is when your teeth are most susceptible to absorbing new stain. This would include any food or drink that would stain a white T-Shirt. Coffee, tea, red wine, tomato sauces, curries and smoking should be avoided for a few hours following whitening.
- Existing fillings, crowns, bonding, etc. will not whiten. Therefore, these restorations may need to be changed in order to match your new smile.
- If you have unsightly old silver fillings ask us about changing them to tooth colored fillings. Old crowns with dark gumlines can be changed to more natural looking metal-free porcelain crowns.
- If your friends wonder why you are smiling so much, tell them about us. It would be our pleasure to help them improve their smiles, too!