

whitening

CONSENT
FORM
TAKE-
HOME
W/ CUSTOM
TRAYS

Introduction:

This information has been given to me so that I can make an informed decision about having my teeth whitened. I may take as much time as I wish to make my decision about signing this informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. My dentist has informed me that my teeth are discolored and could be treated by take-home whitening (also known as "bleaching") of my teeth.

alternative treatments

Prefilled Take-Home Whitening	1
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Description of the Procedure

Please read the directions thoroughly before initiating the whitening.

- 1) Brush & floss thoroughly. Venus white is most effective on clean teeth.
- 2) Make sure trays are clean & dry prior to applying Venus White
- 3) Remove syringe from case and snap tip cover from the end.
- 4) To load the tray with Venus White, depress the plunger & fill the front 8-10 teeth in the tray with a pearl size drop of gel (each tray should typically use 1/2-1/3 of a syringe (Figure 1))
- 5) Position tray over your teeth & gently press tray to move Venus White gel into place. Wipe excess gel, which seeps over the brim of the tray, off your gums with a tissue or your finger (Figure 2)



initials: _____

Risks of Treatment

I also understand that whitening treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from the whitening treatments and significant whitening can be achieved in most cases. I understand that the whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials and that people with darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use or fluorosis do not whiten as well, may need multiple treatments or and may not whiten at all. I understand that teeth with many fillings, cavities may not lighten and are usually best treated with other non-bleaching alternatives. I understand that provisionals or temporaries made from acrylics may become discolored after exposure to the whitening treatment.

I understand that the whitening treatment is not recommended for pregnant or lactating women. To date, no studies have been done to determine whether it's harmful or not. To be on the safe side, we recommend that you do not undergo whitening treatments while pregnant or nursing.

****I understand that the results of my Whitening Treatment cannot be guaranteed.****

I understand that the Take-home whitening treatments are considered generally safe by most dental professionals, however, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

Tooth Sensitivity/Pain - During the whitening treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain during a whitening treatment subsides, but in rare cases can persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after whitening treatment.

Gum/Lip/Cheek Inflammation - Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The Inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel.

Cavities or Leaking Fillings - Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking and allowing gel to penetrate the tooth are present, significant pain could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing the whitening treatment.

Cervical Abrasion/Erosion - These are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and/or depressions, that appear darker than the rest of the teeth located where the teeth meet the gums. These areas appear darker because they lack the enamel that covers the rest of the teeth. Even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity. I understand that if cervical abrasion/erosion exists on my teeth, these areas will be covered with dental dam prior to my whitening treatment.

Areas of Hypocalcification- Areas of hypocalcification, clinically not visible, may exist. Because of the mineralization differences, these areas will whiten faster than normal enamel.

Root Resorption - This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

Relapse - After the whitening treatment, it is natural for the teeth that underwent the treatment to regress somewhat in their shading after treatment. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. Treatment usually involves additional take-home treatments or repeating the in-office whitening treatment. I understand that the results of the whitening treatment are not intended to be permanent and secondary, repeat or in-office treatments may be needed for me to maintain the tooth shade I desire for my teeth.

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WARNINGS:

- 1) If irritation such as redness, swelling, or soreness of the gums occurs, discontinue use and consult a dentist
- 2) This product is NOT recommended for use of children under 12 years of age. Keep product away from children.
- 3) 3) Avoid swallowing Venus White gel or part thereof
- 4) Avoid contact of product with the eyes
- 5) Avoid direct contact with the active surface of Venus White with the gums &/or Salivary flow.
- 6) Do NOT use if pregnant or breastfeeding
- 7) Do NOT use tobacco products or eat while wearing bleaching trays.

I understand that during treatment, I will be required to refrain from consuming any substances that could discolor my teeth. These substances include, but are not limited to: coffee, tea, colas, ALL tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces. I understand that there are other substances that could discolor my teeth. If I have any questions regarding any such substance, I understand that I can discuss its stain potential with my dentist.

The safety, efficacy, potential complications and risks of the whitening treatment can be explained to me by my dentist and I understand that more information on this will be provided to me upon my request. Since it is impossible to state every complication that may occur as a result of this whitening treatment, the list of complications in this form is incomplete.

The basic procedures of the whitening treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the whitening treatment and that I agree to undergo the treatment as described by my dentist.

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my permission for whitening treatment to be performed on me.

Print Name: _____

Date : ___/___/_____

Signature: _____