

NINA KUMAR DDS

TAKE-HOME WHITENING / INFORMED CONSENT

CHARACTERISTIC OF GEL :

1. Opalescence tooth whitening gel contains potassium nitrate and fluoride. Together they help to improve the overall health of the teeth by reducing sensitivity & strengthening the enamel respectively.
2. Formulated to prevent dehydration and shade relapse
3. Sticky, viscous gel won't migrate to soft tissues and ensures tray stays securely in place

INSTRUCTIONS FOR USE :



1. Express one continuous bead of teeth whitening gel approximately 1/3 to 1/2 of the syringe.



2. Place teeth whitening tray over teeth. Gently press tray to move teeth whitening gel into place. Pressing too firmly will force gel out of tray.



3. Remove excess teeth whitening gel from gums using a soft toothbrush.



4. Clean tray with soft toothbrush & cool water.

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RISKS OF TREATMENT

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 take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

CAVITIES/LEAKY 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.

PATIENT SELECTION

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

AREAS OF HYPOCALCIFICATION

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

PATIENT NAME: _____

DATE: ____ / ____ / ____

SIGNATURE: _____

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.

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.

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, cervical abrasions/ erosions, 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.

POST WHITENING GUIDELINES

I understand that during & after 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, & benefits that can result from whitening treatment & that I agree to undergo the treatment as described by my dentist.