

Premier Dental of South Orange County
24541 Pacific Park Drive, Suite 240
Aliso Viejo, CA 92656
(949) 831-0051

INFORMED CONSENT FOR IN OFFICE TEETH WHITENING TREATMENT

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 in-office whitening (also known as "bleaching") of my teeth.

DESCRIPTION OF THE PROCEDURE

The in-office tooth whitening is a procedure designed to lighten the color of my teeth, using a combination of hydrogen peroxide gel and a specially designed ultraviolet lamp. The in-office whitening treatment involves using the gel and lamp in conjunction with each other to produce maximum whitening results in the shortest possible time. During the procedure, the whitening gel will be applied to my teeth and my teeth will be exposed to the light from the Zoom! lamp for three (3), 15-minute sessions. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open and the soft tissues of my mouth (i.e., my lips, gums, cheeks, and tongue) will be covered to ensure they are not exposed to either the gel or the light. Lip balm (SPF rating: 30+) may also be applied as needed and I will be provided an ultraviolet filter for my eyes. After the treatment is completed, the retractor and all gel and tissue coverings will be removed from my mouth. Before and after the treatment, the shade of my front teeth will be assessed and recorded.

ALTERNATIVE TREATMENTS

I understand I may decide not to have the in-office whitening treatment at all. However, should I decide to undergo the treatment, I understand there are alternative treatments for whitening my teeth for which my dentist can provide me additional information. These treatments include:

*Whitening toothpaste/gels

*Take-home whitening kits

COST

I understand that the cost of my in-office treatment is determined by my dentist. I understand that my dentist will inform me if there are any other costs associated with the in-office whitening treatment.

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RISKS OF CONSENT FOR TREATMENT

I also understand that in-office whitening results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from whitening treatments, and significant whitening can be achieved in most cases. I understand that whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials and 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 may not whiten at all. I understand that teeth with many fillings and cavities may not whiten, and are usually best treated with other non-bleaching alternatives. I understand that provisional's or temporaries made from acrylics may become discolored after exposure to in-office whitening.

I understand that in-office whitening is not recommended for pregnant or lactating women, light sensitive individuals, patients receiving PUVA (Psoralen + UVA radiation) or other photochemotherapeutic drugs or treatment, as well as patients with melanoma, diabetes or heart conditions. I understand that the Zoom! lamp emits ultraviolet radiation (UVA) and that patients taking any drugs that increase photosensitivity should consult with their physician before undergoing the in-office whitening.

I understand that the results of my in-office whitening treatment cannot be guaranteed.

I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist and dental assistants have been trained in the proper use of in-office whitening system, 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 AND PAIN-** During the first 24 hours after whitening, some patients can experience some tooth sensitivity or pain. This is normally and usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain following a whitening treatment subsides within 24 hours, 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 the whitening treatment.
- **GUM/LIP/CHEEK INFAMMATION-** 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

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whitening gel or the ultraviolet light. 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 or ultraviolet light.

- **DRY OR CHAPPED LIPS-** The whitening treatment involves three, 15 minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, petroleum jelly, or Vitamin E cream.
- **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 allow 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, they are characterized by grooves, notches and/or depressions that appear darker than the rest of the teeth, 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 the whitening treatment.
- **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 whitening treatment to regress somewhat in their shading after treatment. This is natural and should be gradual, but it can be accelerated by exposing the teeth to various staining agents. Treatment usually involves wearing a take-home tray or repeating the whitening treatment. I understand that the result of the in-office whitening treatment is not intended to be permanent and secondary treatments or take-home treatments may be needed for me to maintain the shade I desire for my teeth.

POST TREATMENT CARE

I understand that after completing the in-office whitening treatment, for best results i must avoid ALL COLORED FOOD for 48 hours. This includes but is not limited to: coffee, tea, colas, all tobacco products, mustard, ketchup, red wine, soy sauce, berries, and red sauces. I understand that there are other substances that could discolor my teeth which I should avoid during the first 48 hours after treatment. if I have any questions regarding such substance, I understand that I can discuss its stain potential with my dentist.

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The safety, efficacy, potential complications and risks of the in-office 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 the in-office treatment, the list of complications in this form is incomplete.

The basic procedure of the in-office 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 in-office whitening treatment and that I agree to undergo the treatment as described by my dentist.

_____ I am not pregnant and/or breastfeeding.

_____ If applicable, I am aware that my anterior restorations, fluorosis, and tetracycline stains will not be affected by the in-office whitening treatment.

Patient's Name (Signature) _____ Date _____

Patient's Name (Printed) _____ Date _____

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