



# Pioneer Health Dental

## Chairside Tooth Whitening Consent Form

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_  
I hereby authorise Dr \_\_\_\_\_ to the procedure(s) of \_\_\_\_\_

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**Background:** We provide this information to give you insight into chairside professional tooth whitening. Your cooperation and understanding of this material is necessary as we strive to achieve the best results for you.

**Procedure:** Chairside professional tooth whitening is a procedure designed to lighten the colour of your teeth using a hydrogen peroxide mixture. It produces maximum whitening results in the shortest possible time with minimum sensitivity. During the procedure, the whitening gel will be applied to your teeth for three 8-minute sessions. For the duration of the entire treatment, a plastic cheek retractor will be placed in your mouth to help keep it open and your gums will be covered with a barrier to ensure isolation from the hydrogen peroxide gel. Before and after the treatment, the shade of your teeth will be assessed and recorded.

**Risks:** All form of health treatments, including tooth whitening, have some risks and limitations. Complications that can occur in professional tooth whitening are infrequent and are usually minor in nature. Such complications include:

- + Tooth sensitivity. During the whitening process some patients may experience tooth sensitivity. This is normal and generally mild if your teeth are not normally sensitive. If your teeth are normally sensitive, please inform us before treatment as it may be beneficial to use a desensitising paste prior to treatment. Please let us know if you experience any discomfort during or after the procedure so we are able to minimize your discomfort. A mild analgesic will usually be effective in eliminating any discomfort.
- + Gum and soft tissue irritation. Whitening may cause irritation of your gums, lips or cheek margins. This is generally the result of the whitening gel coming into contact with these tissues. 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 in duration and very mild. Rinsing with warm salt water and vitamin E can help relieve it.
- + Existing restorations. White fillings, porcelain or composite restorations, crown and veneers will not whiten at all during this procedure. Please discuss this with your dentist prior to beginning treatment. These may need replacement after bleaching if the colour discrepancy is noticeable.

**Treatment Responsibilities:** If you do not understand something communicated to you during the consultation, or in any printed material given to you before or after the procedure, please feel free to ask.

**Expectations:** Significant whitening can be achieved in many cases, but there is no absolute way to predict how light your teeth will get. Please understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline staining or fluorosis do not whiten as well and may appear

more spotted after treatment. These effects are generally of short duration. Chairside professional tooth whitening is not recommended for pregnant or lactating women, children under 14 years of age or any persons having known peroxides allergies.

**Alternate Treatment Options:** While we feel that chairside whitening is the fastest, most effective means of whitening your teeth, please take note that there are other options available to you, such as take-home systems. If you have questions regarding other treatment alternatives, please ask the dentist.

I understand that my chairside professional whitening treatment cannot be guaranteed. I can ask my doctor about whitening treatments that will most benefit my case.

I understand that after treatment I will be required to refrain from consuming any chromogenic substances (i.e. tomato sauce, coffee, tea, all tobacco products) for 48 hours.

In signing this informed consent, I am stating I have read this informed consent and I fully understand it and the possible risks, complications and benefits that can result from chairside tooth whitening system.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_