



## INFORMED CLIENT CONSENT FOR TEETH WHITENING TREATMENT

**General:** I acknowledge that I am purchasing a Teeth Whitening Treatment that is designed to whiten the color of my teeth. As a part of the purchase, I am asking for assistance in the use of my teeth whitening kit, and I understand that I will be allowed to use a specially designed LED lamp in order to accelerate the whitening process.

### Results Guarantee

Although most natural teeth can benefit from a teeth whitening treatment, I understand that everyone's teeth are different and that results will vary. I understand that people with yellowish teeth generally get the best results and that if my teeth have spots due to tetracycline use (greyish tint) or fluorosis, these will be difficult to whiten. Also, if i have artificial teeth such as caps, crowns, veneers, porcelain, composite or other restorative materials, I shouldn't expect dramatic results from this treatment because the peroxide gel will not whiten (or damage) artificial dental work. Also, **I am aware that my teeth will never be whiter than the white color my genes naturally allow.**

**Potential Risks:** Although whitening treatments are generally safe, I understand that some of the potential complications of this treatment include, but are not limited to:

**GUM/LIP IRRITATION:** Whitening gels that come in contact with gum tissue or the lips during the treatment may cause inflammation or whitening of these areas. This is due to inadvertent exposure of small areas of those tissues to the whitening gel. The inflammation and/or whitening of gums and lips are transient, and the color change of them gum tissue will reverse within 30 minutes. I may feel a stinging and tingling sensation on these soft tissues during the treatment if the gel comes in contact with them.

**TOOTH SENSITIVITY:** Although uncommon, some people can experience some tooth sensitivity during the first 24 hours after the whitening treatment. People with existing sensitivity, micro-cracks, open cavities, leaking fillings, exposed roots, or other dental conditions that cause sensitivity may find that those conditions increase or prolong tooth sensitivity after the treatment.

**SPOTS OR STREAKS:** Some people may develop white spots or streaks on their teeth due to **CALCIUM DEPOSITS** that naturally occur in teeth. These spots are **NOT** caused by peroxide gel. The gel just brings the already existing calcium deposits out and makes them visible again. These usually diminish over time.

**RELAPSE:** After the treatment it is natural for teeth color to regress somewhat over time. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents, such as coffee, tea, tobacco, red wine, pop, etc. I realize that I should not eat or drink anything except water 60 minutes after the treatment because the gel opens up the pores of my enamel and makes my teeth very vulnerable to staining agents. Only 24 hours after I conclude the treatment can I resume my normal habits. I understand that the results of the treatment are not intended to be permanent and that secondary, repeat or touch-up treatments may be needed for me to maintain the color I desire for my teeth.

### Eligibility

**I understand that this treatment CANNOT be used by pregnant or lactating women, people under the age of 16, people with gum disease, open cavities, leaking fillings, or other dental conditions, or people with a known allergy to peroxide and/or to aloe vera. People that have had braces removed should wait 6 months for cement residue to wear off before getting a teeth whitening treatment and people with a piercing or other metal objects in the oral cavity should remove them before the treatment as they may turn black. If I feel a sharp pain on a particular tooth during the treatment I should stop the treatment and contact my dentist since this could be a sign of open a cavity. I am aware that I am not in a dental office and that the staff here present is neither dentists or health professionals. We do not offer and advice on oral health. It is important to visit your dentist on a regular basis. I understand that liability is limited to the amount paid for my teeth whitening product and that the management/staff of this establishment assume no liability of any kind. I understand it is recommended that I visit my dentist if I experience any problems after using the teeth whitening products.** By signing this document, I indicate that I am not ineligible as per the criteria listed above, that I have read and fully understand this entire document including the possible risks, complications and benefits that can result from the treatment, and I am performing this treatment under my own responsibility. I also certify that I HAVE HEALTHY TEETH AND GUMS.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Signature/and or Guardian: \_\_\_\_\_

I give consent for my photos to be used on social media platform for promotional purposes. YES NO

Starting shade \_\_\_\_\_ End shade (to be filled out at appointment)