

DENTISTRY OF PALO ALTO

ELLIOT SINGER DMD | MARC TULLY DMD

INFORMED CONSENT AND AGREEMENT - TOOTH WHITENING (BLEACHING)

We are recommending the Opalescence at-home tooth whitening system. Although dental bleaching can lead to a more attractive smile, you should also be aware that any tooth whitening treatment has limitations, inconveniences, and potential risks that you should consider before undergoing treatment. Be sure to ask about anything that you do not completely understand, and make sure that you know exactly what is required of you as the patient (or as the parent/guardian of a patient) during treatment.

Procedure

You will have an alginate impression of your upper and lower teeth taken. These impressions will be used to fabricate custom soft, flexible plastic bleaching trays, designed to fit well over your teeth. The trays will have small reservoirs on the front side of your front teeth to hold extra bleaching gel. Tooth whitening or bleaching is not an exact science and will respond differently under different circumstances (i.e., different colored stains, different patient habits like smoking or coffee drinking, etc). A dental shade will be recorded before and after treatment for comparison.

- I understand tooth whitening is unpredictable and there are no guarantees that tooth whitening will work.
- I understand it is impossible to place a specific time frame on how long the lightened appearance of whitened teeth will maintain the lightened shade. These time periods may vary depending on conditions that exist from my habits and circumstance (e.g., daily coffee drinking, smoking or genetics).
- I understand yellow and brown stains usually lighten better than gray or blue stains. Some stains return after treatment is discontinued and retreatment may be required. Teeth with multiple colorations, bands, or spots due to tetracycline use or fluorosis do not whiten well - these may need multiple treatments or may not whiten at all.
- I understand that teeth with many fillings may not lighten and are usually best treated with other non-whitening alternatives.
- I understand that whitening treatments only lighten the natural tooth surface and cannot lighten crowns, veneers, composite, or other restorative materials.
- I understand there are specific instructions that I must follow. I have been given these instructions, and I understand my responsibilities when using these products.
- I understand tooth whitening may cause teeth to become sensitive. Additionally, any existing sensitivity, recession, exposed dentin, or other dental conditions that cause sensitivity may require additional restorative treatment before and/or after whitening treatment.
- I understand that the gums and/or soft tissue in my mouth will be exposed to the various whitening gel agents and may cause inflammation and/or an allergic response.
- I understand that depending on the reason I have my teeth whitened, alternatives may exist including, but not limited to, resin restorations (bonding), crowns and veneers. I have asked my dentist about them.

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Patient Name: _____ Date: _____

Diagnosis/Condition: _____

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve all of my dental conditions. I have read and I understand the information set forth in this consent agreement. I have had my questions answered to my satisfaction.

- I give my consent for the proposed treatment as described above.
- I refuse to give my consent for the proposed treatment as described above and I understand the potential consequences associated with this refusal.

Patient's Signature

Date

I attest that I have discussed the risks, benefits, consequences, and alternatives to at-home tooth whitening with the patient, who has had the opportunity to ask questions. I believe my patient understands what has been discussed and explained.

Dentist's Name

Dentist's Signature

Date

Witness's Name

Witness's Signature

Date