

### **INFORMED CONSENT FOR IN-OFFICE WHITENING**

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 read this form and 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. Dr. Green's staff has informed me that my teeth are discolored and could be treated by the in-office whitening.

### **DESCRIPTION OF THE PROCEDURE**

In-office tooth whitening is a procedure designed to lighten the color of my teeth using a combination of a hydrogen peroxide gel and a specially designed ultraviolet lamp. The 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 lamp for up to three, 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. lips, gums, tongue, and cheeks) will be covered to ensure they are not exposed to either the gel or light. Lip balm (SPF 30+) may be applied, and I will be provided an ultraviolet light filter for my eyes. After the treatment is completed, 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.

### **RISK INVOLVED IN WHITENING TREATMENT**

I understand that the treatment results may vary due to a variety of circumstances. I understand that almost all natural teeth can benefit from the in-office tooth whitening. Significant whitening can be achieved in the most cases. I understand that the in-office whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers, porcelain, composite, or other restorative materials. I understand that teeth with multiple color variations due to tetracycline or fluorosis do not whiten as well, and may need additional treatments, or may not whiten at all. I understand that teeth with many fillings, cavities may not whiten.

I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist has been trained in the proper use of in-office whitening treatment, 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/pain-** During the first 24 hours after the 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 following a treatment subsides within 24 hours. In rare cases pain or sensitivity can persist for longer periods of time, i.e. people with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth,



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abfractions (micro leaks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetrations of the gel into the tooth. Patients may find that those conditions increase or prolong tooth sensitivity or pain after treatment.

**Gum/Lip/Cheek inflammation** – Whitening may cause inflammation of your gums, lips or cheeks. This is due to inadvertent exposure of a small area of tissue to the whitening gel or the ultraviolet light. This inflammation is usually temporary which will subside in a few days, but may persist longer.

**Dry/Chapped lips** – The treatment involves up to three, 15 minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dry chapped lips.

**Cavities/Leaking fillings**- Cavities or fillings that are leaking, could allow the gel to penetrate the area, causing significant pain or sensitivity. I do understand that if my teeth have these conditions, I should have those areas treated before undergoing in-office whitening.

**Gum/periodontal disease**- It is highly recommended that all gum disease be treated prior to in-office whitening.

**Relapse**- I understand that after the in-office whitening, it is natural for the teeth that underwent the treatment to regress somewhat in their shading. It is natural but should be very gradual, and can be accelerated by exposing the teeth to various staining agents (i.e. coffee, teas, nicotine and red wines). In the event that this occurs, treatment involves wearing a take-home tray to maintain the tooth shade I desire for my teeth.

**Patients at risk**- I understand that in-office whitening is not recommended for pregnant or lactating women, light sensitive individual, patients currently in active treatment with a Dermatologist or Oncologist without the Dr's. Consent. Patients with melanoma, diabetes or heart conditions will need consent from their Physician. I have given Dr. Green's staff a list of all medications I take daily.

Dr. Green's staff has explained all the basic procedures of in-office whitening, the advantages and disadvantages, risks, and known possible complications. The Dr. & staff have 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 risk, complications, benefits that can result from the in-office whitening. I agree to undergo the treatment as described in this consent.**

Patients signature or legal guardian \_\_\_\_\_

Date \_\_\_\_\_