

Seitlin & Seitlin DDS
Informed Consent for Teeth Whitening (Bleaching)

Patient Name:
Start Shade:

Date of Birth:

I. General Information

Teeth whitening is designed to lighten the color of your teeth. Significant lightening can be achieved in the vast majority of cases, but the results cannot be guaranteed. When done properly, the whitening will not harm your teeth or gums. However, like any other treatment, it has some inherent risks and limitations. These are seldom serious enough to discourage you from having your teeth whitened, but should be considered when deciding to have the treatment. This process, which can be done anywhere and anytime, involves wearing a custom-made whitening tray (looks like a thin, transparent mouthguard) filled with a mild whitening agent for optimal results. You should wear the gel-filled tray from 45 minutes to two hours per day depending on the strength of the whitening agent. You should continue treatment for about one to two weeks, depending on the degree of whitening desired. The disadvantage to home whitening is that the success of the treatment is dependent on your commitment to wearing the whitening tray consistently for the prescribed period. Alternatives ways to lighten teeth besides tooth whitening include crowns, veneers, or bonding. Of course no treatment is a choice as well.

II. Candidates for Teeth Whitening

Just about anyone is a candidate for teeth whitening. However, the following cases should be considered:

- People with yellow or yellow-brown teeth tend to have better results than people with gray or bluish-gray teeth.
- Multi-colored teeth, especially if due to tetracycline, do not whiten very well.
- People with significant periodontal disease are not good candidates
- If you are pregnant, obtain permission from your doctor before trying the whitening procedure.
- People with minimal discoloration may not see a substantial degree of whitening.
- Any current restoration you have, such as, fillings, porcelain crowns, composites, or veneers cannot be whitened.
- People with decalcifications or chalky spots may not be able to bleach these spots out.

III. Risks

- **TOOTH SENSITIVITY** During the first 24 hours following whitening, some patients experience transient sensitivity. This sensitive is usually mild if your teeth are not normally sensitive and will usually subside in 1-2 days. It may be necessary for you to reduce the number of minutes or hours you are wearing the whitening trays or stop using if for several days to resolve the sensitivity. If your teeth are sensitive after whitening, a mild analgesic such as Tylenol or Advil will usually be effective in making you more comfortable until your tooth sensitivity returns to normal. Swishing with a fluoride rinse will help as well.
- **GUM IRRITATION** This is the result of a small amount of solution leaking under the gum protection. A burning sensation on your gums may also occur. This should resolve by itself between a few hours to a few days. You may also experience burning and /or swelling of the lips. This irritation is the result of over-filling your trays causing leakage onto the gum tissue. Irritation can also occur if you are using the tray for too many hours when you first start whitening. It may be necessary for you to reduce the amount of gel placed and reduce the amount of time you are wearing the trays or stop wearing for a few days.
- **EFFECT ON FILLINGS** - Tooth colored fillings will not whiten. If the filling matches your current color, whitening will result in mis-matched shades with your natural teeth. You may need to have your fillings replaced to match you newly whitening teeth.
- **LEVEL OF LIGHTENING** – There is no reliable way to predict how light your teeth will whiten.
- **RELAPSE** - Following completion of whitening, pigments found in food and drinks will re-stain your teeth, commonly called whitening relapse. You may use daily whitening toothpaste, available in drug stores. You may save your whitening trays and whitening gel to touch up over time.

By signing, I acknowledge I have been informed about the recommended treatment, alternatives, and risks, and I wish to proceed.

Signature:

Date:

Relationship (if patient a minor):

Witness (signature):