

INFORMED CLIENT CONSENT FOR TEETH WHITENING TREATMENT



GENERAL: I acknowledge that I am purchasing a Teeth Whiting Treatment that is designed to whiten the colour of my teeth. As a part of the purchase, I am asking for assistance in the use of my teeth whitening kit, & 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 & the results will vary. I understand that people with yellowish teeth generally get the best results & 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 shoudn't expect dramatic results for 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 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 into contact with gum tissue or lips during 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/& or whitening of gums & lips are translent, & the colour change of the gum tissue will reverse in 30 minuutes. I may feel a stinging or tingling sensation on these soft tissues during the treatment if the gel comes into 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 overtime.

RELAPSE: After the treatment it is natural for teeth colour to regress somewhat over time. This is natural and should be very gradual, but it can be accelerated by exposing teeth to variiuous staining agents, such as, coffee, tea, tobacco, red wine, pop, etc. I realize I should not eat or drink anything except water for 60 minutes after the treatment because the gel opens up the pores of my enamel & 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 & that secondary, repeat or touch-up treatments may be needed for me to maintain the colour 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 &/or aloe vera. People that have had braces removed shoud wait 6 months for cement residue to wear off before getting a teeth whitening treatment & 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 & contact my dentist since this could be a sign of an open cavity. I am aware that the treatment I am receiving is being performed by a registered dental hygienist, but it is my responsibility to visit my dentist on a regular basis to maintain my oral hygiene. I understand that liability is limited to the amount paid for my teeth whitening product & that the management/staff of this establishment assume no liability of any kind. I understand that 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 & fully understand this entire document including the possible risks, complications & benefits that can result from the treatment, & I am performing this treatment under my own responsibility. I also certify that I HAVE HEALTHY TEETH & GUMS.

EMAIL: _____

Name: _____ Date: _____

Address: _____ City: _____ Postal Code: _____

Phone number: _____

SIGNATURE/& or GUARDIAN: _____

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

Starting shade: ___ Ending Shade: ___ (to be filled out by clinician)