

**TEETH WHITENING CONSENT**

**By signing below, you the consumer agree that:**

Results vary from individual to individual dependent upon type of staining that is being treated. Individuals who demonstrate a yellow hue to teeth generally respond more favourably to teeth whitening therapy than those with brown or grey hues, or those with moderate to severe conditions of fluorosis. Generally, individuals who undergo whitening therapy experience an improvement of two to six shades. Those who begin therapy already at a shade of 1 may not experience demonstrable results, as their teeth may be at their optimal shade.

Tooth whitening therapy is not appropriate for women who are pregnant or suspect they are pregnant. Therapy should be postponed until delivery of your child.

About 10% of individuals who begin teeth whitening therapy demonstrate transient tooth and/or gum sensitivity spanning a few days post treatment. If tooth/gum sensitivity continues beyond 2 weeks, I should consult my dentist. Risk of tooth sensitivity can be reduced by daily application of toothpastes containing fluoride or potassium nitrate. It is not recommended to undergo therapy for more than one hour per session. Spacing sessions every two days can also minimize occurrence of tooth sensitivity.

I understand that whitening products are intended for use on natural tooth structure only. Tooth whitening material on restorative materials such as dental composites, amalgams, gold, ceramics, or any other material, although not harmful to such materials, could create a shade discrepancy between the tooth and restoration that may result in a desire to have the restoration replaced.

I understand that the tooth whitening process can create transient white spots on teeth that represent areas that are affected by the whitening material faster than the entire tooth and can be evened out over time with continued use of whitening material.

I understand and affirm that although the bleaching trays are prepared for me, I will place the trays and any other product in my own mouth and remove them by myself. I accept all responsibility for these actions.

I confirm I was instructed to read this document, that I have read, and completely understand the above information. I will not hold Rochester Dental Clinic, the parent company, suppliers or any representatives of these companies responsible for any side effects should I experience any such effects. I confirm that I am not allergic to any of the materials utilized in the trays or bleach material.

**MOAMA DENTAL CLINIC**

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Client Name (PRINT) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

