

HOME TEETH WHITENING TREATMENT CONSENT FORM

1. Introduction

This information has been given to me so that I can make an informed decision about having my teeth whitened with Hampton Dental Care. I understand that I have the right to ask any questions about any part of the procedure before, during or after undergoing tooth whitening.

I have discussed with the dentist treating me that my teeth are discoloured and that they may be successfully treated by whitening (also known as “bleaching”) treatment.

The active ingredient in this home teeth whitening kit is Carbamide Peroxide. The active ingredient breaks down very rapidly to form water, oxygen ions and oxygen free radicals. The whitening process essentially involves the oxygen free radicals. The take home whitening procedure uses Carbamide Peroxide and is designed to lighten the colour of the teeth using the peroxide gel in a custom fitted tray over my teeth.

Teeth whitening is not offered if patients are pregnant, lactating, are allergic to any of the ingredients of the whitening gel or live with light sensitivity. There have not been any adverse reactions, but the long-term clinical effects are unknown, so this is a precautionary measure.

2. Alternatives to teeth whitening

I am aware that the alternatives to this tooth whitening procedure are:

- Whitening Toothpastes or gels
- Scale and Polish
- Micro Air Abrasion
- Veneers, crowns or other restorations
- Other Take-Home Whitening Kits

I understand that I can discuss these with my dentist.

3. Risks of treatment

I understand that although teeth whitening is regarded generally as a safe treatment, I am signing this consent form to say that I understand and accept the following risks involved:

i). Limitations of treatment guarantee.

I understand and accept the following:

- The whitening process cannot lighten crowns, veneers, bridges, artificial teeth, fillings or other restorations
- Teeth with multiple colourations, splotches, spots, bands of stain, tetracycline staining, several fillings or fluorosis do not lighten well, or may take several treatments to whiten, or may not whiten at all
- That there may be additional costs involved in whitening teeth with multiple discolourations
- If I have a temporary crown or bridge, this may discolour during treatment
- There needs to be an adequate thickness of enamel for whitening to work. My dentist gave me the opportunity to discuss this with me
- The level of whitening is NOT determined by the dentist and is variable

ii). Tooth sensitivity or pain.

I understand and accept the following:

- That I may experience some tooth sensitivity or pain. I understand this is normal and is usually mild, but it can be worse if I am susceptible to sensitivity
- That symptoms of sensitivity should subside within 1-3 days. I understand that if I have existing sensitivity, gum recession, exposed dentine, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth I may find that those conditions increase or prolong tooth sensitivity or pain after treatment.
- That I may use desensitising toothpaste or serum whilst whitening my teeth.

iii). Gum/lip/cheek inflammation.

I understand and accept the following:

- Whitening may cause inflammation of my gums, lips or cheek margins. I understand this is due to inadvertent exposure of a small area of those tissues to the whitening gel
- I understand that I have to wipe any excess gel from the edge of the trays when I fit them, as set out in the tooth whitening instructions
- The inflammation is usually temporary, subsiding in a few days, but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel

iv). Cavities or leaking fillings .

I understand and accept the following

- That my dentist has recommended that I have a clinical examination of my teeth prior to commencing tooth whitening
- That most dental whitening is indicated for the outer surfaces of the teeth, unless a tooth has had a root canal procedure
- That if any open cavities or fillings that are leaking are present, allowing gel to penetrate the tooth, this could result in significant pain
- I understand that if my teeth have these conditions, I should have my cavities filled or my fillings re-done before undergoing the whitening treatment.

v). Root surface loss due to abrasion or erosion .

I understand and accept the following:

- That root surface loss affects the roots of the teeth when the gums recede and is characterised by grooves, notches and/or depressions that appear darker than the rest of the teeth, at the point where the teeth meet the gums
- That these areas appear darker because they lack the enamel that covers the rest of the teeth
- That even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity
- That these areas of exposed root surface will not whiten in the same way as the enamel on the crowns of my teeth.



vi) Root resorption.

I understand and accept the following:

- That this is a condition where the root of the tooth starts to dissolve either from the inside or outside
- That although the cause of this is still uncertain, there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canal treatment of a tooth followed by whitening procedures

vii). Relapse.

I understand and accept the following

- That tooth whitening is not a permanent treatment and it is quite natural for teeth that had whitening to regress and that I may not be able to maintain my tooth shade
- That this is usually gradual but can be accelerated by lifestyle choices, such as smoking
- That it may be necessary to have another course of tooth whitening in the future or that I may purchase further tubes of the gel once I have completed an initial course of whitening treatment with Hampton Dental Care

4. Patient responsibilities

I understand and agree to the following:

- To adhere completely to the tooth whitening instructions given to me
- To not expose the tubes of gel to direct sunlight or to heat
- To maintain and care for my whitening trays and not expose them to heat, bend them and wash them carefully in cold water
- To avoid smoking during the procedure
- To avoid foodstuffs and drinks, which may stain my teeth, such as tea, coffee, red wine, tomato paste
- To maintain good oral hygiene throughout the treatment
- To attend my review appointment to assess the treatment success and bring the trays and gel to this appointment. If I fail to do this I understand that there cannot be any guarantee of the tooth shade achieved

5. Patient Statement

The procedure of tooth whitening has been explained to me in full including the risks and complications. I have had the opportunity to ask any questions I have regarding the treatment.

I have read and understood this consent form and I also understand the treatment process in full. I also consent to photographs of my teeth being taken and that they may be used for documentation and illustration of my whitening treatment. I agree to have the treatment prescribed by the dentist.