

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

### TOOTH WHITENING INFORMED CONSENT

I have opted to undergo teeth whitening treatment.

I understand that the bleaching procedure is designed to lighten the colour of my teeth but that results cannot be guaranteed. This is due to variables such as the type of discolouration, the degree to which instructions are followed, the overall initial condition of the teeth etc. These are seldom serious enough to dissuade a patient from enjoying the benefits of teeth whitening, but should be considered in the decision process.

It is important to note that if there is a crown, filling or restoration present on any of the teeth visible when you smile, it may NOT whiten and may be more evident after teeth whitening. In this case, this dental work may need to be replaced.

There is no reliable way to predict how light the teeth will bleach. With power bleaching, two to five (2-5) sessions are usually necessary to significantly whiten teeth. With home bleaching, two to six (2-6) weeks using the bleaching trays for two to eight (2-8) hours a day is necessary.

I understand that I may experience some sensitivity in the teeth while undergoing the whitening procedure, that it may be necessary to take pain killers as well (ibuprofen or prescription), and that it will abate once the procedure is finished.

Following the completion of bleaching, I may want to have touch-up treatments to maintain the whiteness that resulted upon treatment completion. This will depend upon the porosity of my teeth, the type and amount of staining foods and drinks I consume, and whether or not I smoke.

**I understand that if I have any treatment requiring bonding (i.e. tooth coloured resins, one appointment bonding, crowns, veneers, etc...) planned, I will not do any whitening procedures within one week of my appointment. This is important to remember because the whitening solution will interfere with the bond strengths of our material to the tooth structure.**

I hereby authorize Dr. Bruno Paliani to perform the aforementioned procedure(s) necessary to my dental treatment, and any additional treatment procedures as are considered immediately necessary on the basis of findings during the above mentioned treatment.

I have had the purpose, reasonable risks, benefits and alternatives, if any, to the procedure(s) explained to me. I have carefully read and understood all available explanatory material. I have been given the opportunity to ask questions.

I consent to the administration of such local anaesthesia and/or medication as is required for the aforementioned dental treatment.

I consent to the taking of photographs throughout the entire treatment procedure. Should these photographs be deemed by Dr. Bruno Paliani to benefit dental research, science, or education, I consent to their publication and republication, either separately or together, in professional journals or dental books or used for any other purpose which Dr. Bruno Paliani may deem proper in the interest of dental education, knowledge or research.

The dental fees of the procedure have been outlined clearly and I agree to comply with the office's payment policy.

DATED at London, ON, this \_\_\_\_\_ day of \_\_\_\_\_

SIGNED: \_\_\_\_\_  
PATIENT

WITNESS: SIGNED: \_\_\_\_\_  
Parent, Guardian or Nearest Kin if patient is under the age of 18