

WEST HAVEN DENTAL CARE LLC

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INFORMED CONSENT FOR TOOTH WHITENING

- Whitening gel is formulated for the use only in a professionally prescribed course of treatment under the supervision of a dentist. Please read all instructions in your patient guide.
- Do not delay in reporting any symptoms of discomfort to your dentist. During the first few days of treatment, the most common discomforts experienced are sore gums or tooth sensitivity to hot and cold. Your dentist may decrease your whitening tray wear-time or adjust the tray to quickly resolve these problems. Also, Motrin, Advil or Aleve may help reduce any discomfort. There is no evidence that this system will adversely affect pregnancy; however, no specific clinical testing has been done, so consult your physician if you have any questions.
- Results vary from patient to patient, but most obtain significant whitening in two to three weeks. Crowns, bonding, and tooth-colored restorations will not whiten and may need to be replaced to match whitened natural teeth. Your dentist will further discuss this with you. Whitened teeth are usually stable for three to five years. Certain foods, beverages (coffee, tea, wine), and tobacco usage will cause increased staining and may require an occasional touch-up whitening. Carefully follow all instructions.
- Patient's Responsibilities: I understand the background information and instructions, both written above and given verbally by the dentist. My failure to return for scheduled appointments or to use the whitening system as directed may cause unsatisfactory whitening results and/or damage or cause irritation to my teeth, gums and soft tissue. I have had an opportunity to ask the dentist questions about any aspect of this treatment that is unclear to me. I understand how to place the whitening gel into the tray and know the prescribed wear-time schedule. I consent to treatment; to the fee for this treatment; and to treatment records for this whitening of my teeth. I understand that proper use of whitening gel may help prevent relapse of my whitening results.

Patients Signature _____

Dentist Signature _____

Date _____