

CENTURY ORTHODONTICS

OUR THIRD CENTURY OF ORTHODONTIC EXCELLENCE

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PATIENT INFORMED CONSENT FORM FOR AT-HOME TOOTH WHITENING

PEROXIDE GEL is intended for use only in a professionally prescribed course of treatment under the supervision of a dentist.

There are no lasting side affects associated with the use of this material. The most common forms of discomfort a patient may experience are sore gums or tooth sensitivity to hot and cold foods and liquids. Should you experience such discomforts contact your dentist, and he/she will adjust the treatment to resolve the problem.

Although it is not possible to accurately predict how much brighter your teeth will be upon completion of treatment, on average you can reasonably expect a two or three shade change. Treatment will take anywhere from one to two weeks. Should you suffer from tetracycline, fever induced or mineral stains, your treatment time will most likely be extended. Good oral hygiene habits, regular professional cleanings and periodic whitening treatments will help maintain tooth brightness and prevent the recurrence of stains. Peroxide gel will not brighten or lighten crowns, tooth-colored restorations or bonding.

I understand this information and the instructions, both written and verbally, given to me by my dentist. It is my responsibility to follow the instructions as given and to keep all follow-up appointments. I understand that to do otherwise could result in unsatisfactory whitening results and/or damage or irritation to my teeth, gums and soft tissue. I have been given the opportunity to ask questions about the treatment and products involved and my dentist has proved me with satisfactory answers. I have been instructed and I understand how to apply the product and the number of hours per day I am to keep the whitening tray in place in my mouth. I acknowledge that I have been informed of the risks and benefits of bleaching

Consent for _____ Date _____

Responsible Party _____