

# Informed Consent

## In Office Whitening

Dental office, “in-patient” bleaching ingredients may include carbamide peroxide, hydrogen peroxide, glycerin, and others. The bleaching process lightens discolorations of tooth enamel by oxidizing stains. Whitening in the office may be accomplished in one or two visits depending on how teeth respond. The bleaching ingredients are at stronger concentrations than with “home bleaching” so your gums will be protected with a medicine based resin, or a rubber type shield. In some cases a high intensity light will also be used. If you have teeth that have had endodontic therapy (root canals), these will need to also be lightened on the inside of the canal. In-office bleaching is faster than home bleaching, however you will have to keep your mouth open longer and your teeth may become slightly more sensitive.

Some risks include but are not limited to:

- Tooth sensitivity
- Gum irritation
- Damage to nerves of teeth with loose or leaking existing fillings. (All damaged fillings or cavities should be restored **before** bleaching.)
- Sore throat from swallowing solution.
- Sore mouth and jaw joint from keeping the mouth open.
- Damage to existing fillings. **Some dental restorations can be damaged from bleach and may need to be replaced after whitening.**
- Also-Pregnant women should check with their physicians prior to undergoing treatment.

Tooth lightening is unpredictable so no guarantee of whitening can be made. Most patients find that their teeth will lighten 1-5 shades. Persons with yellow or yellowish brown teeth sometimes achieve better lightening than those with gray or blue-gray stains. Teeth with many fillings, cavities, or chips are usually better treated with veneers, crowns, or tooth-colored restorations. Existing restorations will not lighten.

I have read and understand the above information concerning office whitening. I have been informed of the treatment, the fee(s), any alternatives, and the benefits and risks involved. All of my questions have been answered to my satisfaction.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Dr Byers \_\_\_\_\_