

Consent for At-Home Teeth Whitening

What is at-home teeth whitening and its benefits?

It involves soaking teeth in a carbamide peroxide gel, which is a form of hydrogen peroxide. Custom trays are made to fit precisely over the teeth and the gel is placed within the tray. As intended, the teeth become whiter and this enhances one's smile.

What are the risks?

1. Sensitivity: Some patients experience sensitivity to cold and air during and shortly after treatment. This almost always goes away.
2. Soreness of gum tissue: This can be due to the tray or the gel. If either occurs call our office for an evaluation
3. Limited results: Every patient is different and the degree to which the teeth change in shade is unpredictable. Some get desired results in only a few applications while others take longer. However, everyone will reach a point where their teeth will not lighten any more. That point may or may not meet expectations. When whitening, the patient is paying for the attempt to whiten, not the actual final result.
4. Maintenance: Teeth will begin to darken over time and reapplication is necessary.
5. Tray fit and future dental work: Since trays are custom made, should the patient need dental work in the future, the trays may not fit. As a result new trays will be needed at an additional fee.
6. Tray distortion: If uncared for the trays may distort and new ones will need to be made.
7. Existing dental work: Existing dental work such as fillings and crowns will not change color. Therefore, after whitening these restorations may not match in shade. For harmony to be reestablished these restorations may need to be replaced.

What are my alternatives?

To achieve a whiter smile a patient may try over-the-counter whitening products. However, the results may be limited. In-office whitening is available which includes an at-home component. Discuss this with your dentist. Veneers may be used to cover over discolored teeth. This option should be discussed with your dentist as it contains its own risks and benefits. Obviously, since this is an elective procedure the patient may choose not to have any treatment done.

INFORMED CONSENT: I can read and write English and have been given the opportunity to ask any questions regarding the nature and purpose of the proposed treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, which may be associated with any phase of this treatment in hopes of obtaining the desired result. The fees for these services have been explained to me and I accept them as satisfactory. By signing this form, I am freely giving my consent to authorize the doctors and staff at Cross Timbers Dental in rendering any services they deem necessary or advisable to treat my dental conditions, including the administration and/or prescribing of any anesthetic agents and/or medications.

Medications: Any medications dispensed or prescribed are the patient's responsibility to understand before taking. Medication inserts are available from our office upon request. Particular attention should be given to possible allergic reactions, drug interactions with current medications and their specific side effects.

Guarantees: The practice of dentistry is not an exact science and no procedure is 100% successful. The doctors and/or staff at Cross Timbers Dental have made no guarantees of a successful outcome.

Notifications: If a patient develops a problem it is the patient's responsibility to notify the doctors and/or staff of Cross Timbers Dental. Through this notification we will be able to act on the patient's behalf. Attempts to correct a problem may occur at our office or a referral to another health care practitioner may be warranted.

Patient's name (please print) _____

Signature of patient/legal guardian _____

Date _____