

Tooth whitening consent form

I..... hereby give my consent to the treatment of tooth whitening as explained to me by ..... using the following whitening system.....

I understand the limitations of the treatment offered together with any possible risks and side effects such as sensitivity. I confirm that I have been advised what to do should this arise, and that if I have any concerns that I should seek urgent professional help.

I also understand that in some cases the treatment is not effective and the degree of whitening is dependent on the original colour/ condition of the teeth, as well as the effect of some food and drinks, together with smoking.

I further understand that the final shade achieved following a course of treatment may be different to the shade observed after the last application of the gel (colour regression) and that the colour of any existing fillings, veneers, crowns and bridges will not be altered by this process other than in some cases to make them more obvious. I also understand that maintenance of the colour change is dependent on the avoidance of darkly coloured food and drinks, as well as the avoidance of smoking. The use of tooth whitening toothpastes and 'top- up' applications has been explained to me.

I understand that dental photographs may be taken to record my whitening treatment which will be stored as part of my dental record.

Signed:.....

Name

Address:

Witnessed (treating dentist).....