

INFORMED CONSENT FORM
BOUTIQUE WHITENING TREATMENT

ALL SECTIONS IN RED MUST BE SIGNED AND DATED BY PATIENT

INTRODUCTION

This information has been given with the intention that you can make an informed decision about having your teeth whitened using the Boutique Whitening System. There is no time limit by which you must make a decision to have this treatment done and sign and return this form. You have the right to ask any questions about any part of the procedure before, during or after undergoing tooth whitening using Boutique Whitening. Your dentist has informed you that your teeth are discoloured and may possibly be successfully treated by whitening (also known as "bleaching") your teeth.

PRODUCTS

The active ingredient in Boutique Whitening – By Day is Hydrogen Peroxide and should be worn for at least 1 hour per day

The active ingredient in both Boutique Whitening – By Night kits is Carbamide Peroxide and should be work for at least 4 hours or overnight

In all the above kits, the active ingredients described break down very rapidly to form water, oxygen ions and oxygen free radicals. The whitening process essentially involves the oxygen free radicals breaking down the double carbon bonds that are the source of most colouring or staining in teeth. The take home whitening procedure that you will be using is designed to lighten the colour of the teeth using the peroxide gel in a custom fitted tray over the teeth.

ALTERNATIVE TO WHITENING

You fully understand that you may decide at any time not to proceed with whitening treatment at all. However, should you decide to undergo the treatment, you understand there are alternatives for whitening teeth for which your dentist can provide additional information. These treatments include:

Whitening Toothpastes/ Mouth rinses Other Take-Home Whitening Kits

COST

You understand that the cost of your Boutique Whitening treatment is determined by your dental professional. You understand that your dental professional will inform you if there are any other costs associated with your treatment.

£375 for 4 week kit including whitening trays and 4 syringes

£450 for 8 week kit included whitening trays and 8 syringes

RISKS OF CONSENT FOR TREATMENT

You understand that almost all natural teeth can benefit from whitening treatments and significant whitening can be achieved in most cases using the standard Boutique Whitening Kit and custom trays. You further understand however, that Boutique Whitening treatment results may vary or regress due to a

variety of circumstances. You understand that Boutique Whitening treatments are not capable of lightening artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials. You also understand that teeth with multiple colourations, bands, splotches or spots due to tetracycline use, orthodontics, or fluorosis do not whiten very well, may need multiple treatments, or may not whiten at all. You further understand that teeth with many fillings also may not lighten and are usually best treated with other non-bleaching alternatives, possibly restorative options that your dentist can discuss with you. You understand that provisional or temporary restorations made from acrylic based materials may become discoloured after Boutique Whitening treatment.

I understand that take-home whitening treatments are considered generally safe by most dental professionals, and as the profession as a whole. I understand that although my dental professional has been trained in the proper use of Boutique Whitening, the treatment carries several minimal risks. I understand that some of the potential complications of this treatment include, but are not limited to:

Tooth Sensitivity/Pain – During the whitening treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Symptoms should subside within 1-3 days. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after treatment.

Gum/Lip/Cheek Inflammation – Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel.

Cavities or Leaking Fillings – Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking are present, allowing gel to penetrate the tooth could result in significant pain. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings re-done before undergoing the whitening treatment.

Cervical Abrasion/Erosion – These are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and/or depressions that appear darker than the rest of the teeth, where the teeth meet the gums. These areas appear darker because they lack the enamel that covers the rest of the teeth. Even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity.

Root Resorption – This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

Relapse – After the Boutique Whitening treatment, it is natural for the teeth that underwent the treatment to slowly regress in shade. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. I understand that the results of the Boutique Whitening are not intended to be permanent and continuation of take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

The safety, efficacy, potential complications and risks of the Boutique Whitening treatment can be explained to me by my dental professional and I understand that more information on this will be provided

to me upon my request. Since it is impossible to state every complication that may occur as a result of this treatment, the list of complications in this form is incomplete.

The basic procedures of Boutique Whitening treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dental professional who has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the Boutique Whitening treatment and that I agree to undergo the treatment as described by my dental professional.

SIGNATURES

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my permission for the Boutique Whitening treatment to be performed on me.

Patient signature: _____ Date: _____

MAIDSTONE DENTAL