



TEETH WHITENING CONSENT FORM

Teeth whitening is designed to lighten the color of your teeth.

Significant whitening can be achieved in the vast majority of cases, but the results can not be guaranteed. When done properly, the whitening will not harm your teeth or gums. However, like any other treatment, it has some inherent risks and limitations. These are seldom serious enough to discourage you from having your teeth whitened, but should be considered when deciding to have the treatment. It is recommended to consult your dentist before using any teeth whitening system.

Temporary tooth sensitivity may occur with this product but should dissipate within a few hours. If product comes in contact with soft tissue (including gums, lips, and skin), white spots may appear. Product is not for people using photosensitive drugs, pregnant, or nursing. Product is not for children under 12, and children under 18 must be supervised by a parent. It is safe to use this product every 24 hours as long as teeth are not sensitive from previous use.

If you have tooth decay, exposed roots, gum disease, braces, have had a recent oral surgery or other dental issues, consult your dentist before using this product.

This product is not recommended for those clients allergic to carbamide peroxide, hydrogen peroxide, or glycerin. Teeth whitening is intended for natural teeth only. This product can be use with, but will not whiten caps, crowns, veneers, fillings, dentures, or any other type of dental work. Whitening will likely not be successful if tartar buildup exists in your mouth. A cleaning is recommended to remove these deposits prior to bleaching.

AFTERCARE:

Within the first 24 hours following the service, avoid consuming coffee, tea, cola, mustard, tomato sauce, curry, or any foods that would also stain a white t-shirt. If you have tooth sensitivity, it should be temporary. The use of Vitamin E oil or sensitivity toothpaste should bring relief immediately. It is suggested that you brush and floss as directed by your dentist. To maintain your results, home care maintenance products are highly recommended.

CONSENT:

I have read the information provided and understand the teeth whitening procedure and risks of receiving this treatment. MOXIE esthetics and/or their representative have explained this procedure to me and all of my questions, if any, were answered. I consent to this treatment.

Client Signature

Date

For office use only:

Starting Shade: _____ Resulting Shade: _____ Minutes: _____

Comments: _____
