



Fit Smile
DENTAL HYGIENE

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CONSENT FOR TEETH WHITENING TREATMENT

General Information

Teeth whitening is designed to lighten the colour of your teeth. Significant lightening can be achieved in the vast majority of cases, but the results cannot be guaranteed. When done properly, the whitening will process will not harm your teeth or gums. However, like any other treatment, it has some inherent risks and limitations.

Dark yellow or yellow brown teeth usually lighten better than gray or bluish-gray teeth. Some stains return after treatment is discontinued. Retreatment may be required. Teeth with multiple colorations, band, or spots due to tetracycline use or flourosis (discoloration of tooth enamel) do not whiten well and may need multiple treatments or may not whiten at all.

I understand that teeth with many fillings may not lighten and are usually best treated with other non-whitening alternatives such as bonding, porcelain veneers or porcelain crowns.

I understand that whitening treatments only lighten natural tooth structures and cannot lighten fillings, crowns, veneers, or any other restorative materials.

I understand professional in-office whitening may require more than one office visit. Most whitening treatments will result in teeth lightening one to two shades on a dental shade guide.

If I choose to participate in an at-home (self-administered) whitening program, I understand there are specific instructions that I must follow. Donna Lacsamana has given these instructions to me. I understand my responsibility when using these products.

Benefits of Whitening, not limited to the following:

I understand that participating in whitening treatments can whiten my teeth, giving me a healthier-appearing smile.

Risks of Whitening, not limited to the following:

I understand tooth whitening is unpredictable and there are no guarantees that tooth whitening will work.

I understand that tooth whitening may cause teeth to become sensitive. Should sensitivity occur and persist for any length of time, I will notify Donna Lacsamana.

I understand that the gums and/or soft tissue in y mouth may be exposed to the various agents used in whitening procedures which may cause an allergic response or inflammation. This could also be due to an inadvertent exposure of a small area of those tissues to the whitening gel or ultraviolet light. If this happens, I will contact Donna Lacsamana.

I understand that it is impossible to place specific time frame on how long the lightened appearance of whitened teeth will maintain the lightened shade. These time periods may vary depending on conditions that exist from my habits and circumstance (daily coffee, drinking red wine, smoking, or genetics) which may be internal, external, or both.

I understand that prolonged exposure to whitening products can wear away tooth enamel. Additionally, any existing sensitivity, recession, exposed dentin, or other dental conditions that cause sensitivity or allow penetration of the whitening product into the tooth may require additional treatment.

I understand that professional application of whitening products can result in my mouth being open for extended periods of time. If my jaw becomes sore, I will notify Donna Lacsamana immediately. Also, my lips may become dry or chapped. This can be treated by application of lip balm, petroleum jelly, or vitamin E cream.

Consequences if no treatment is administered, are not limited to the following:

I understand that if I do not participate in the whitening procedures, my tooth colour will remain the same or continue to discolour further.

Alternatives to tooth whitening, are not limited to the following:

I understand that depending on the reason I have my teeth whitened, alternatives may exist including, but not limited to, bonding, crowns, and veneers. I have asked my dental provider about them. My questions have been answered to my satisfaction regarding the procedures and their risks, benefits, and costs.

No guarantee or assurance has been given to me by anyone that the proposed treatment will cure or improve the condition(s) listed above. I have had my questions answered to my satisfaction.

I attest that I have discussed the risks, benefits, consequences, and alternatives of whitening with and has had the opportunity to ask questions, and I understand what has been explained.

Patient Name: (Print)	
Patient Signature:	
Date:	