

Teeth Whitening Consent Form

Teeth whitening is designed to lighten the colour of your teeth. Significant whitening can be achieved in the vast majority of cases. Everyone's teeth respond differently and have their own natural "stop" point for whitening results. When done properly, the whitening will not harm your teeth or gums. However, just like any other treatment, it has some inherent risks and limitations that should be considered when deciding to have the treatment done.

It is recommended to consult your dentist before using any teeth whitening systems.

Temporary tooth sensitivity may occur with this product but should dissipate within a few hours. If the product comes into contact with any soft tissue (including gums, lips and skin), white spots may appear which will dissipate within a few minutes. This product is not for people who are pregnant or nursing, or under the age of 18.

If you have tooth decay, exposed roots, gum disease, braces, or recent oral surgery this treatment may cause sensitivity and should be discussed prior to having this treatment. Teeth whitening is intended for natural teeth only. This product will not whiten caps, crowns, veneers, fillings, dentures or other type of dental work.

Aftercare:

For a minimum of 24 hours after treatment, avoid consuming coffee, tea, cola, soya sauce, red wine, berries, red sauce or anything that would stain a white cloth. It is also encouraged to avoid smoking for the first 24 hours. If you have any sensitivity, it will be temporary and using sensitive toothpaste should bring you immediate relief. It is suggested you brush and floss as directed by your dentist. To maintain your results you can do touch ups when needed which are highly recommended.

I have read the information provided and understand the whitening procedure and risks. Diamond White Smile has explained this procedure to me and all of my questions, if any, were answered. I _____, have consented to proceed with the whitening treatment. (Print First & last name)

By checking the box below you are allowing Diamond White Smile to use your picture for social media and marketing.

Accept ☐ Decline ☐ Teeth Only ☐

Client Signature

Date

Witness Signature

Date