



**B.E. BRIGHT | Consent for 1-Hour In-Office Whitening Treatment**

We provide this information to give you insight into our 1-hour in office professional teeth whitening system. Your cooperation and understanding of this material is necessary, as we strive to achieve the best result for you. B.E. BRIGHT has informed you that your teeth are discolored and could be treated by in-office whitening.

**Procedure:**

Professional tooth whitening is a procedure designed to lighten the color of your teeth using a hydrogen peroxide mixture and a specially designed light. It produces, maximum whitening results in the shortest possible time. During the procedure, the whitening gel will be applied to your teeth for 2, 20-minute sessions. For the duration of the entire treatment, a plastic cheek retractor will be placed in your mouth to help keep it open and your gums will be covered with a barrier to ensure isolation from the hydrogen peroxide gel. Before and after treatment, the shade of your teeth will be assessed and recorded. We may also take photos of your before and after smile.

**Risk:**

All forms of health treatment, including teeth whitening, have some risks and limitations. Complications that can occur in the professional teeth whitening treatment are infrequent and are usually minor.

- **Tooth Sensitivity:** During the first 12-24 hours after tooth whitening, some patients have experienced tooth sensitivity or pain. This is normal and generally mild but can be worse in susceptible individuals. If your teeth are normally sensitive, please inform us before treatment. Please let us know if you experience any discomfort during or after the procedure so we can minimize your discomfort.
- **Gums and soft tissue irritation:** Whitening may cause inflammation of your gums, lips, or cheeks. This is generally the result of the whitening gel meeting these tissues. Protective materials are placed in the mouth to prevent this from happening, but despite our best efforts, it can still rarely occur. If any irritation does occur, it is generally short in duration and is very mild. Rinsing with warm salt water can relieve it.
- **Existing Restorations:** White (composite) Fillings; Porcelain crowns and veneers will not whiten at all or evenly with your natural teeth during this procedure.

## **B.E. Bright Teeth Whitening Consent**

### **Treatment Responsibilities:**

If you do not understand something communicated to you during your consultation, or in any printed material given to you before or after the procedure, please feel free to ask.

### **Expectations:**

Significant whitening can be achieved in most cases, but there is no absolute way to predict how light your teeth will get. Please understand that teeth with multiple colorations, band, splotches, or spots due to tetracycline staining or Fluorosis do not whiten as well and may appear more spotted after treatment. These effects are generally short in duration. Professional tooth whitening is not recommended for pregnant or lactating women, children under 14 years of age or any persons having known peroxides allergies. We also recommend that you abstain from consuming any foods that will stain a white shirt especially, red wine, cola, tobacco, or coffee products for at least 2 hours after your whitening treatment. If you have any questions regarding other treatment alternatives, please feel free to ask.

### **Payment:**

We do expect payment on the day of your treatment. Should you require a payment plan, please set one up with our Office Manager prior to your appointment.

### **Client statement:**

I \_\_\_\_\_ understand that my professional teeth whitening treatment cannot be guaranteed. I understand that after treatment, I will have to refrain from consuming any chromogenic substances (i.e., tomato sauce, coffee, all tobacco products) for at least 2 hours. In signing this consent form, I am stating that I have read this informed consent and that I fully understand it and the possible risk, complications, benefits, and fees associated with the B.E. Bright teeth whitening system.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_