

Patient Informed Consent Form
for Dental Whitening

General Information: **Perfecta® Whitening Gels** are formulated for use only in a professionally prescribed course of treatment under the supervision of a dentist. Please read all instructions in your *Patient Guide*.

Side Effects: Do not delay in reporting any symptoms of discomfort to your dentist. During the first few days of treatment, the most common discomforts experienced are sore gums or tooth sensitivity to hot and cold. Your dentist may decrease your whitening tray wear-time or adjust the tray to quickly resolve these problems. Also, ibuprofen or a mild analgesic such as aspirin may help reduce any discomfort. There is no evidence that this system will adversely affect pregnancy; however, no specific clinical testing has been done, so consult your physician if you have any questions.

Expected Results: Results vary from patient to patient, but most obtain significant whitening in two to three weeks. Crowns, bonding, and tooth-colored restorations will not whiten and may require additional treatment. Whitened teeth are usually stable for three to five years. Certain foods, beverages, and tobacco usage will cause gradual staining and may require a maintenance program such as use of whitening toothpaste and an occasional touch-up whitening. Carefully follow all instructions.

Patient's Responsibilities: I understand the background information and instructions, both written above and given verbally by the dentist. My failure to return for scheduled appointments or to use the whitening system as directed may cause unsatisfactory whitening results and/or damage or cause irritation to my teeth, gums and soft tissue. I have had an opportunity to ask the dentist questions about any aspect of this treatment that is unclear to me. I understand how to express the whitening gel into the tray and know the prescribed wear-time schedule. I consent to treatment, to the fee for this treatment, and to treatment records for this whitening of my teeth.

Patient's Signature: _____ Date: _____