ABSOLUTE DENTAL CARE
Family, Reconstructive & Implant Dentistry
Dr. Jean F. Reitter | 818-790-4567 | info@absolutdent.com | 1809 Verdugo Blvd. #207 Glendale, CA 91208

Informed consent for tooth whitening

Overview & Expectations
I understand that the results cannot be guaranteed as teeth whiten differently for each individual. I also understand that this procedure and home care treatment are not intended to whiten artificial teeth, caps, crowns, teeth with many fillings, veneers or porcelain, composite, other restorative materials or tetracycline stains. I understand that the longevity of my whitening results will vary based on the types of food and drink that I consume, brushing habits, and other daily maintenance. I understand that if any sensitivity occurs that it should only be temporary. I understand that I may see a white film on my gums after using the product, which is a normal reaction of hydrogen peroxide, it will only be temporary and generally passes before leaving the office. Use of the product is not recommended for children under 14 or for women that are pregnant or breastfeeding.

I UNDERSTAND THAT IF ANY OF THE 8 STATEMENTS BELOW APPLY TO ME OR IF I AM UNSURE IF THEY APPLY TO ME, THAT I SHOULD **CONSULT MY DENTIST BEFORE CONTINUING WITH A TEETH WHITENING PROCEDURE**:

- Do you have a severe gag reflex?
- Are you prone to gum sensitivity?
- Do you have sensitivity to sunlight or other forms of direct light?
- Are you taking any medications that increase your sensitivity to sunlight or to other forms of direct light?
- Do you wear braces or have loose crowns, broken or fractured teeth, unfinished dental work or grayish teeth as a result on tetracycline?
- Have you had any oral surgery or extractions within the last 60 days?
- Do you have existing tooth decay, untreated gingivitis or periodontal disease?
- Are you allergic to any of the following? Carbamide Peroxide, Glycerin, Carbomer, Menthol, Mint Flavoring, Soybean oil, Silicone, or Vitamin E. (Mouth tray is made of Silicone.)

Instructions after using the Product
I understand I should avoid eating or drinking any dark liquids or foods and/or smoking within 24 hours after the treatment(s). To maintain my results, I understand it is best for me to use the Sinsational Smile home care treatment pen each night starting with the first evening after my treatment. I understand it is highly recommended that I maintain regular visits to my Dentist for optimum oral health and in conjunction with using teeth whitening products.

I, (print name) ____________________________________, understand that liability is limited to the amount paid for my teeth whitening procedure and since everyone is different, whitening results will vary by individual. I also understand it is recommended that I consult with my dentist if I experience any problems after any teeth whitening procedure. I have read and understand all information above.

PATIENT SIGNATURE ________________________________ **DATE:**____________________