Consent Form for Tooth Whitening

Tooth whitening is a state-of-the-art procedure designed to whiten the teeth to their optimum natural brightness. We are planning to use **Carbamide Peroxide Gel 10% / 16%**.

The amount of whitening varies from patient to patient and cannot be predicted exactly. In general, yellow or brown teeth, teeth with extrinsic staining from tea, coffee, or red wine, and darkened monochromatic teeth are easier to whiten.

Tooth Whitening Awareness

As with any treatment, there are benefits and risks.

- **Benefits:**
  Teeth can be whitened fairly quickly in a simple manner.
- **Risks:**
  The risk involves the continued use of the gel for an extended period of time, such as a few years. Research indicates that using peroxide to whiten teeth is safe. There is new research indicating safety for use on soft tissues (gingivae, cheek, tongue, throat). The long-term effects are as yet unknown. Although the extent of the risk is unknown, acceptance of treatment means acceptance of risk.
- Fillings and crowns do not change colour and therefore may need replacing afterwards.
- Most patients achieve a colour change within **2–5 weeks**.
- Sensitivity may result after a few days. This is usually slight and temporary. If this occurs, refrain from using the whitening treatment for **1 day**, or apply the soothing gel into the tray provided.

Responsibilities

- Avoid tobacco, tea, coffee, red wine, and teeth-staining foods such as tomato paste, food colourants, and deeply coloured toothpastes and mouthwashes for at least **30 minutes** after the whitening procedure.
- Proper oral hygiene must be maintained, including brushing twice daily and the use of floss.
- Keep your recall appointments with your dentist.
- Do not use the whitening trays if you are pregnant. There have been no reports of adverse reactions, but long-term clinical effects are unknown.
- Wear the tray overnight or for a minimum of **2 hours per day** (carbamide peroxide).
  If using hydrogen peroxide, wear for a minimum of **30 minutes per day**, increasing gradually to a maximum of **45 minutes per day**.

Guarantees

- There are no guarantees as to the degree of tooth whitening.
- The amount of teeth whitening depends on the individual and the reason for discolouration.
- Some teeth do not whiten evenly, particularly around gum recession on the lower premolar tooth. The enamel whitens well, but the dentine does not whiten as well.
- When the treatment is completed, please keep the trays so they can be used for a top-up maintenance treatment. It may be necessary to perform a top-up treatment in **18–24 months**, depending on the amount of staining.

Name: _____

I have had the tooth whitening procedure fully explained to me and have had the opportunity to ask questions. I have read this information sheet.

I consent to treatment and assume responsibility for the risks described above. I also consent to photographs being taken. I understand that they may be used for documentation and illustration of my whitening treatment.

Signature: _____
Date: _____

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TEETH WHITENING TREATMENT CONSENT & AGREEMENT PACKAGE

1. Patient Information & Medical History Form

Personal Information

Full Name:
_____
Date of Birth: _____

NIC/Passport Number: _____
Phone Number: _____

Email Address: _____
Address:
_____

Medical History & Suitability Assessment

Question	Yes	No	If Yes, Provide Details
Do you have sensitive teeth or gums?	☐	☐	
Have you had gum disease or gum recession?	☐	☐	
Are you allergic to peroxide or dental chemicals?	☐	☐	
Do you have crowns, veneers, or fillings on your front teeth?	☐	☐	
Are you pregnant or breastfeeding?	☐	☐	
Have you undergone teeth whitening previously?	☐	☐	

I declare the above information is true. I understand that undisclosed health conditions may affect results or safety.

Patient Signature: _____

Date: _____
Doctor's Name & Signature: _____

2. Teeth Whitening Treatment Consent Form

I, _____ (Patient Name), consent to undergo professional teeth whitening treatment at Veritas Dental Lounge. I understand the following:

- Whitening results vary between individuals.
- The procedure uses hydrogen or carbamide peroxide-based gel.
- Whitening is effective on natural teeth only—crowns, fillings, or veneers will not change color.
- Temporary sensitivity to cold, heat, or air is common.
- Gum irritation or burning may occur if the gel contacts soft tissue.

- Multiple sessions may be required to achieve desired results.
- Long-term success depends on personal habits (e.g., smoking, coffee/tea consumption).
- Whitening is not permanent and may require future touch-ups.

I acknowledge that I have been informed of the potential benefits and risks.

Patient Signature: _____

Date: _____
Doctor's Signature: _____

3. Pre-Treatment Instructions & Guidelines

- Avoid colored foods or drinks (e.g., coffee, wine, beetroot) 24 hours before treatment.
- Brush and floss before the appointment.
- Notify the clinic if you have cold sores, mouth ulcers, or gum injuries.

4. Post-Treatment Care & Responsibilities

- Avoid staining foods or drinks for 48 hours after treatment.
- Do not smoke or use colored mouth rinses during this period.
- Use desensitizing toothpaste if sensitivity occurs.
- Maintain regular oral hygiene to prolong results.
- Touch-up sessions may be required every 6–12 months.

5. Financial Agreement & Refund Policy

- Full payment is required before the start of whitening treatment.
- No refunds will be issued once the procedure has been performed.
- If additional sessions are needed, they will be charged separately unless included in a package.
- In case of cancellations, notice must be given at least 24 hours in advance.

6. Liability Waiver & Dispute Resolution Clause

- I understand that the treatment is cosmetic and that results may not be guaranteed.
- Veritas Dental Lounge is not liable for dissatisfaction due to unrealistic expectations or biological limitations.
- If complications arise, I agree to seek follow-up at Veritas Dental Lounge first.
- Disputes will be resolved via mediation and, if unresolved, under Sri Lankan legal jurisdiction.

7. Photography & Marketing Consent (Optional)

☐ I consent to the use of my whitening photos for educational/marketing use (without identifying information).
☐ I do NOT consent to photo use.

Patient Signature: _____

Date: _____

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