# Bleaching Analysis Form

Edited 11-11

Patient Name: _____ Dentist:_____

Chart Number: _____ Date: _____

**INTERVIEW:**

**Medical History:**

YES NO Allergic to plastics or peroxides?
YES NO Taking tetracycline antibiotics now?
YES NO Taking hormones that cause bleeding?
YES NO Taking drugs that dry the mouth?
YES NO Tobacco user?
YES NO Pregnant or nursing mother?
YES NO Severe menstrual cycle?

**Dental History:**

Onset of discoloration? _____

YES NO Previous treatment for discoloration?
YES NO History of Trauma?
YES NO History of Tetracycline ingestion?
YES NO History of sensitive teeth?
- ☐ some: #_____
- ☐ all

Type of toothpaste used? _____

**TMD status**

YES NO Previous treatment? _____
_____
YES NO Current treatment? _____
_____
Current status? _____
YES NO Appliance used? When worn?
YES NO Bruxism?
YES NO Other facial pain?

**EXAMINATION**

**Diagnosis of discoloration:**

☐ Inherit ☐ Trauma ☐ White fluorosis
☐ Aging ☐ Nonvital ☐ Brown fluorosis
☐ Staining ☐ Tetracycline ☐ Discolored restorations

**Tooth visibility of smile:**

Maxillary Vertical: **Tooth #s**
- ☐ incisal third _____
- ☐ middle third _____
- ☐ gingival third _____

Mandibular vertical: **Tooth #s**
- ☐ none _____
- ☐ incisal third _____
- ☐ middle third _____
- ☐ gingival third _____

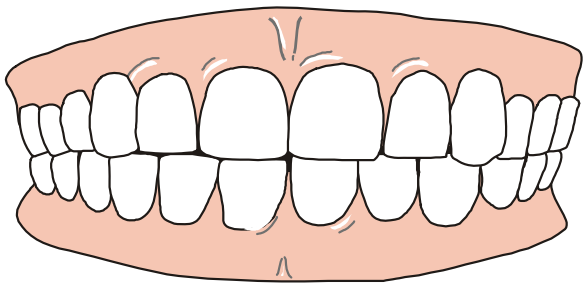
**Radiographs:**

YES NO periapical concerns? _____
YES NO pulp size differences? _____
YES NO internal resorption? _____

**Restorations in the esthetic zone:**

YES NO Discolored restorations needing replacement:
- ☐ crowns:
- ☐ composites:
- ☐ other:

YES NO Matching restorations that may need to be redone:
- ☐ crowns:
- ☐ composites:
- ☐ other:



Outline teeth and restorations visible during the largest smile on the diagram to demonstrate to the patient which restorations may need to be replaced after bleaching.



FROM: Haywood VB. Current Status and Recommendations for Dentist-prescribed, at-home Tooth Whitening. Contemporary Esthetics and Restorative Practice 1999;3(1):2-9.

**Tooth morphology/characteristics:**

| | | | Tooth #s |
|---|---|---|---|
| YES | NO | surface white spots: | _____ |
| YES | NO | subsurface white spots: | _____ |
| YES | NO | brown areas: | _____ |
| YES | NO | developmental defects | _____ |
| YES | NO | single dark tooth: | _____ |
| YES | NO | translucent teeth: | _____ |
| YES | NO | exposed dentin: | _____ |
| YES | NO | caries: | _____ |
| YES | NO | cracks: | _____ |
| YES | NO | toothbrush abrasion: | _____ |
| YES | NO | abfractions: | _____ |
| YES | NO | wear facets from bruxism : | _____ |
| YES | NO | other smile deficiencies: | _____ |
| YES | NO | external stains: | _____ |
| YES | NO | anterior occlusal contacts: | _____ |
| YES | NO | sensitive to air or touch: | _____ |

**Soft Tissue morphology/characteristics:**

YES NO soft tissue lessons:
YES NO periodontal conditions
YES NO attached gingivae: thick, frail, other
YES NO soft tissue defects: _____

**Other prosthesis being worn:**

YES NO removable ortho
YES NO fixed ortho
YES NO RPD (Partial)
YES NO FPD (Bridge)
YES NO RB-FPD (Maryland Bridge)

**Patient expectations:**

YES NO read consent form?
YES NO understands other treatment options?
YES NO reasonable success goals?
YES NO understands fee arrangement?
YES NO understands one-arch treatment?
YES NO understands directions?
YES NO smoking/tobacco discussed?
YES NO understands responsibility for treatment?
YES NO agrees to stop tx & call office if problems?
YES NO understands possible relapse / touch-up in future (1-3 yrs)?
YES NO patient interested in other treatment? (bonding, veneers, crowns, ortho)

**Photographs taken:** (take "before" and "after" photos at same magnifications)

YES NO Magnification Used:
- ☐ normal smile _____
- ☐ cheeks retracted: _____
- ☐ teeth only: _____
- ☐ incisal edge end-to-end _____
- ☐ shade tab over lateral _____

**Shade taken:** YES NO

- ☐ initial shade on value-oriented guide _____
- ☐ special colorants
  - ☐ incisal third variation _____
  - ☐ middle third variation _____
  - ☐ gingival third variation _____
- ☐ mis-matched teeth: _____

**COMMENTS and RECOMMENDATIONS:**

_____

_____

**Contraindications for At-Home Whitening**

1. Unrealistic expectations
2. Unwilling to comply with at-home treatment
3. Excessive existing restorations not requiring replacement
4. Will not tolerate taste of product

**Guarded Prognosis for Whitening**

1. History or presence of sensitive teeth
2. Extremely dark gingival third or tooth visible during smile
3. Extensive white spots very visible
4. TMJ dysfunction or bruxism
5. Translucent teeth or exposed root surfaces



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