



Informed Consent Form for Teeth Whitening

Patient Name: _____

Date: _____

Procedure Description:

This consent form is to confirm that I, _____ [Patient's Name], understand that I am undergoing a teeth whitening procedure. This procedure involves the application of a bleaching agent to the teeth to improve their color and appearance.

Potential Benefits:

1. Enhancement of the cosmetic appearance of teeth.
2. Removal of stains and discoloration from the tooth surface.
3. Boost in self-confidence and aesthetic appeal.

Risks and Complications:

I acknowledge and understand that the procedure, like all cosmetic procedures, involves risks and potential complications including, but not limited to:

1. **Tooth Sensitivity:** Temporary increased sensitivity to hot, cold, or pressure.
2. **Gum Irritation:** Temporary irritation of the gums, especially with ill-fitting trays in at-home kits.
3. **Uneven Whitening:** Results may vary, and some stains may not respond to the whitening process.
4. **Overuse:** Overuse of whitening products can lead to enamel damage and increased sensitivity.
5. **Allergic Reactions:** Rare allergic responses to the bleaching agents.

Alternatives to Teeth Whitening:

I understand that alternatives to teeth whitening may include:

1. Dental veneers or bonding for aesthetic improvement.
2. Professional dental cleaning to remove surface stains.
3. Acceptance of the current color and condition of my teeth.





Consent:

I confirm that the dentist or dental professional has explained the teeth whitening procedure, its risks, benefits, and alternatives to me, and has answered all my questions. I understand that no guarantees or assurances have been made to me concerning the results of this procedure. I consent to undergo teeth whitening as explained to me.

I also understand the importance of following the recommended guidelines for the use of whitening products and maintaining good oral hygiene practices.

Patient Signature: _____

Date: _____

Dentist/Dental Professional's Signature: _____

Date: _____

