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## Consent Form for Teeth Whitening

### General Description

The degree of whitening varies from patient to patient and cannot be predicted or guaranteed. In general:

1. Yellow teeth or brown teeth, surface stains, and uniformly darkened teeth are easier to whiten than gray or bluish teeth. Stripped or spotted teeth are difficult to whiten.
2. Your teeth may or may not require additional whitening treatments in order to reach a desired lightened shade. Additional procedures or treatments could include take-home products or additional office visits.

### Candidates for Treatment

Most people are potential candidate for whitening procedures. However, there are few **exceptions**:

1. People with **significant periodontal disease** are NOT candidates.
2. People with fillings that may be breaking down, unfilled cavities in their teeth or chipped Worn teeth may be better treated by **restorative procedures first**.
3. **Pregnant or Nursing** women ideally should NOT whiten permission from their OB/GYN before the whitening procedure may be accepted.
4. People with **minimal discoloration** (teeth that are already whiten) may not see as substantial a degree of whitening.

### Risks

1. Peroxide solutions have been used for many years as antiseptics in the mouth. They are also widely used for their teeth-whitening effects.
2. They whitening procedure can cause temporary inflammation and white spots on your gums. This could resolve itself within 12hrs. If it persists, contact our office.
3. If you have tooth sensitivity, fillings that are breaking down, decay in your teeth, erosions of the teeth or exposed root surfaces due to periodontal disease, the peroxide may have a direct access to the affected areas. These conditions need correction prior to the whitening procedure. Please inform us of such conditions prior to treatment.
4. The whitening procedure can be very effective at whitening the teeth, but **will not change the color of the fillings or crown(s) already in your teeth. For esthetic reasons, such fillings may need changing after the whitening procedures.**
5. The whitening treatment plan has been reported **not to be effective on some patients**. Our office will proved our best efforts to whiten your teeth but lightening results cannot be guaranteed.
6. If **sensitivity or pain** develops during the procedure, INFORM THE ASSISTANT OR DOCTOR IMMEDIATELY. If the problem cannot be resolved the procedure will be stopped.

### Responsibilities

1. Avoid the use of tobacco and teeth-staining foods and beverages such as: tea, coffee, red wine, colas, tomato paste, and dark green vegetables for 2days after the whitening procedure.
2. Never place household or commercial bleached in your mouth.

Initials: \_\_\_\_\_

3. Keep your recall hygiene appointments at our office.
4. If you have any questions or concerns during the procedure informed us immediately.
5. If you have any questions or concerns contact our office.

**Guarantees**

There are no guarantees as to the degree of whitening of your teeth.

1. The amount of whitening varies with the individual.
2. Additional whitening sessions and the use of ancillary whitening systems may be required to obtain desired results. These sessions will incur additional standard fees.
3. In some instances lightening is minimal or unapparent.

**Consent**

1. I consent to photographs being taken. I understand they may be used for record documentation and for illustration of my treatment.
2. The risks, responsibilities, and benefits have been explained to me and I understand them.
3. I have had the opportunity to ask questions and my questions have been answered.
4. I have read the above information, I consent to treatment, and I assume the responsibility for the risks described above.

Patient Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Shade per-whitening:

Shade post-whitening:

Initials: \_\_\_\_\_