

KÖR POWER WHITENING / CONSENT FORM

When utilized properly, teeth whitening procedures and products whiten teeth, to one degree or another, in nearly all cases, with some whitening systems being more effective than others. As with any type of dental treatment, specific results cannot be guaranteed. Scientific studies have shown that when used properly, professional teeth whitening products will not harm your teeth or gums, however, there are certain inherent risks and limitations. Most often the risks are not serious enough to prevent you from whitening your teeth.

Teeth whitening is not recommended for pregnant women, and nursing mothers should consult with their pediatrician before whitening.

Most people are candidates for whitening, but some teeth whiten more effectively than others. Teeth with opaque spots due to various causes may result in the spots becoming noticeably lighter than the surrounding tooth color. Opaque spots will whiten much faster than the rest of the teeth, however, if a highly effective technique such as a KÖR Whitening combination System (including both in-office and at-home whitening) is utilized, the surrounding tooth structure will usually whiten enough that these spots are not as readily noticeable to others.

Teeth with dark spots most often respond very well to a KÖR Whitening Combination System, yet there is always the possibility that the dark spots will not whiten to exactly the same color as the surrounding tooth.

All natural teeth have a different shade/color when comparing the gum line area to the tip of the tooth (gum line areas are typically darker than the rest of the tooth). This is a natural appearance found on all natural teeth. After teeth whitening, a difference in color when comparing the gum line area of the tooth to the tips of the teeth will still be apparent. Regardless of the whitening system, there will always be some difference in color from the gum line to the tip of the teeth.

INITIAL: _____

RISKS OF TREATMENT

RELAPSE

After the whitening treatment, it is natural for the teeth that underwent the treatment to regress somewhat in their shading after treatment. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. Treatment usually involves additional take-home treatments or repeating the in-office whitening treatment. I understand that the results of the whitening treatment are not intended to be permanent and secondary, repeat or take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

CAVITIES/LEAKY FILLINGS

Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking and allowing gel to penetrate the tooth are present, significant pain could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing the whitening treatment.

PATIENT SELECTION

I understand that the results of my Whitening Treatment cannot be guaranteed. I also understand that whitening treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from the whitening treatments and significant whitening can be achieved in most cases. I understand that the whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials and that people with darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use or fluorosis do not whiten as well, may need multiple treatments or and may not whiten at all. I understand that teeth with many fillings, cavities may not lighten and are usually best treated with other non-bleaching alternatives. I understand that provisionals or temporaries made from acrylics may become discolored after exposure to the whitening treatment.

AREAS OF HYPOCALCIFICATION

Areas of hypocalcification, clinically not visible, may exist. Because of the mineralization differences, these areas will whiten faster than normal enamel."

PATIENT NAME: _____

DATE: ____ / ____ / ____

SIGNATURE: _____

GUM/LIP/CHEEK INFLAMMATION

Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel.

ROOT RESORPTION

This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

TOOTH SENSITIVITY/PAIN

During the whitening treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain during a whitening treatment subsides, but in rare cases can persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, cervical abrasions/ erosions, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after whitening treatment.

POST WHITENING GUIDELINES

I understand that during & after treatment, I will be required to refrain from consuming any substances that could discolor my teeth. These substances include, but are not limited to: coffee, tea, colas, ALL tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces. I understand that there are other substances that could discolor my teeth. If I have any questions regarding any such substance, I understand that I can discuss its stain potential with my dentist.

The safety, efficacy, potential complications and risks of the whitening treatment can be explained to me by my dentist and I understand that more information on this will be provided to me upon my request. Since it is impossible to state every complication that may occur as a result of this whitening treatment, the list of complications in this form is incomplete.

The basic procedures of the whitening treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

In signing this informed consent, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications, & benefits that can result from whitening treatment & that I agree to undergo the treatment as described by my dentist.

KÖR POWER WHITENING / DETAILS OF TREATMENT

DETAILS OF TREATMENT:

We recommend completing at least 2 weeks of take-home whitening with custom trays, or as otherwise instructed by our team, prior to the KÖR Power Whitening session. The procedures will only be effective if you closely and correctly follow the instructions given and conscientiously wear your whitening trays at home as directed. If you experience significant discomfort, allergic reaction such as swelling of the lips or any other problem that prevents you from wearing your whitening trays as directed, you must contact this office immediately. I have read and understand the above information, I have received written and verbal instructions, explanation from the dental office staff, and I have had the opportunity to ask questions. I consent to the planned teeth whitening procedure.

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PATIENT NAME: _____

DATE: ____ / ____ / ____

SIGNATURE: _____