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Whitening For Life Informed Consent

I. GENERAL INFORMATION

We feel that every patient in our practice deserves to have a smile they can be proud of.

We are excited to offer our patients a unique program we call Whitening for Life. Teeth whitening is designed to lighten the color of your teeth. Significant lightening can be achieved in the vast majority of cases, but results cannot be guaranteed. When done properly, the whitening will not harm your teeth or gums. However, like any other treatment, it has some inherent risks and limitations. These are seldom serious enough to discourage you from having your teeth whitened, but should be considered.

II. CANDIDATES FOR TEETH WHITENING

Just about anyone is a candidate for teeth whitening. However, people with dark yellow or yellow-brown teeth tend to whiten better than people with gray or bluish-gray teeth. Multi-colored teeth, especially if stained due to tetracycline or flourosis, do not whiten very well. Teeth with many fillings, cavities, chips, etc., are usually treated by bonding, porcelain veneers, or porcelain crowns.

III. THE PROCESS OF TEETH WHITENING

This process, which can be done anywhere and anytime, involves wearing a custom-made bleaching tray (looks like a thin, transparent nightguard) filled with a mild bleaching agent for optimal results. You should wear the gel-filled tray 1/2 -1 hour per day for about one to two weeks, depending on the degree of whitening desired. The advantages of home whitening include performing the treatment when it is convenient for you with lower cost. The disadvantages to home bleaching is that the success of the treatment is dependent on your commitment to wearing the whitening tray consistently for the prescribed period.

IV. YOUR RESPONSIBILITIES

For \$500, we will make you custom fit whitening trays and material, and will provide bleaching material at your regular check-ups, or as needed, as long as you maintain your regular check-ups. We will also replace the trays if need be. This ensures that you will be able to keep your teeth bright and beautiful for life! Your long term dental health is as

important to us as it is to you. Our patients have found that these regular visits help greatly reduce emergencies. That is why we are happy to provide this extra bonus for our patients who are committed to their dental health.

V. POTENTIAL PROBLEMS

A. TOOTH SENSITIVITY

During the first 24 hours following whitening, some patients experience transient sensitivity. This sensitivity is usually mild if your teeth are not normally sensitive. It may be necessary for you to reduce the number of hours you are wearing the bleaching tray or stop using it for several days to resolve the sensitivity.

However, if your teeth are normally sensitive, whitening may make your teeth more sensitive for an extended period of time. Under these circumstances, you may choose to delay the whitening process until we are able to complete desensitization procedures. If your teeth are sensitive after whitening, a mild analgesic such as Tylenol or Advil will usually be effective in making you more comfortable until your tooth sensitivity returns to normal.

B. GUM IRRITATION

This is the result of a small amount of solution leaking under the gum protection. A burning sensation on your gums may also occur. This should resolve by itself between a few hours to a few days.

C. EFFECT ON DENTAL WORK

Dental work will not whiten. You may need to have your dental work replaced to match your newly whitened smile.

VI. COMPLETION OF TREATMENT

A. LEVEL OF LIGHTENING

There is no totally reliable way to predict how light your teeth will whiten. With home whitening, this may take two to four weeks or longer of repeated applications.

B. RELAPSE

Following completion of whitening, pigments found in food and drinks will re-stain your teeth, commonly called bleaching relapse. To help prevent relapse, use a daily over the counter toothpaste, and do regular bleaching maintenance.

I have read the information provided and understand the whitening procedure. Dr. Klayman has explained this procedure to me and all my questions, if any, were answered. I consent to this treatment.

Patient's Signature _____

Date _____

Witness _____

Doctor's Signature _____