In-office whitening is a procedure designed to lighten the color of your teeth using a hydrogen peroxide mixture. It produces maximum whitening results in the shortest possible time.

During the procedure, whitening gel will be applied to your teeth for multiple sessions. For the duration of the treatment, a cheek retractor will be placed in your mouth to help keep it open and your gums will be covered with a barrier to ensure isolation from the whitening gel. Before and after the treatment, the shade of your teeth will be assessed and recorded.

In-office whitening can result in varying lengths and degrees of teeth sensitivity, gum/lip/cheek irritation and/or temporary bleaching, cracking and/or stretching of the corners of the mouth, allergic and/or adverse reaction to medications or materials.

In-office whitening is not meant to permanently correct your teeth discoloration. Additional whitening treatments may be necessary over time. Whitening treatments are not intended to lighten artificial teeth, crowns, veneers, porcelain/composite or other restorative materials. Teeth stained due to tetracycline exposure or fluorosis do not whiten as well, may need multiple treatments or may not whiten at all. Teeth with many fillings, cavities, chips or cracks may not lighten and are usually best treated with other non-bleaching alternatives. Provisionals or temporaries made from acrylics may become discolored after exposure to this treatment.

You may be required to refrain from consuming and/or using substances that may discolor your teeth for the first 48 hours after treatment. These substances may include but are not limited to: coffee, tea, colas, tobacco, red wine, soy sauce, berries, red sauces, exposure to dark lipsticks.

All patients respond differently to whitening treatments, therefore, the doctor cannot guarantee the results or the lifespan of the procedure.

My signature below acknowledges I have read and understand the information provided to me and my questions have been answered.

Patient’s (or Legal Guardian’s) Signature Date

Print Patient’s (or Legal Guardian’s) Name/Relationship Date