

INFORMED CONSENT FOR BEYOND PROFESSIONAL TOOTH WHITENING TREATMENT

INTRODUCTION

This information has been given to me so that I can make an informed decision about having my teeth cosmetically whitened. I may take as much time as I need to make my decision about signing this informed consent form. I have the right to ask questions about the Beyond Professional Whitening Treatment before agreeing to undergo the procedure. I am dissatisfied with the present color or shade of my teeth and my dental professional has informed me that my teeth may achieve a whiter appearance using the Beyond Professional Whitening Treatment.

DESCRIPTION OF THE PROCEDURE

The Beyond Professional Whitening treatment is designed to lighten the color of my teeth using a combination of a peroxide based gel and a specially designed lamp. The treatment involves using the gel and lamp in conjunction with each other to produce the whitening action. During the procedure, the whitening gel will be applied to my teeth and my teeth will be exposed to the light from the lamp for three (3), timed sessions. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open. Protection will be used to protect the gum tissue and lip cream will also be applied as needed. I will be provided a pair of protective eyewear to use during the treatment. After the treatment is completed, the retractor and eyewear will be removed and I will be instructed to rinse my mouth with water. Before and after the treatment, the shade of my front teeth will be assessed, shown to me, and recorded.

ALTERNATIVE TREATMENTS

I understand I may decide not to have the Beyond Professional Whitening Treatment at all. However, should I decide to undergo the treatment, I understand there are many alternative treatments for whitening my teeth including:

Whitening Toothpastes

Other In-Office Whitening Treatments

Other Over-The-Counter Whitening Gels

Take-Home Whitening Kits

COST

I understand that the cost of my Beyond Professional Whitening Treatment is determined by my dental professional. I understand that only natural teeth will whiten and that any restorative material exposed to the whitening gel and light will not whiten. It may be necessary to have these materials replaced by my dentist to match the new tooth shade. I have taken into account this possibility and will bear the costs on my own.

RISKS OF CONSENT FOR TREATMENT

I also understand that the Beyond Professional Whitening treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from the Beyond Professional Whitening Treatment and significant whitening can be achieved in most cases. I understand that Beyond Professional 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 may have less dramatic whitening results. I understand that teeth with many fillings, cavities (caries) may not lighten and are usually best treated with other non-bleaching alternatives.

I understand that the Beyond Professional Whitening Treatment is not recommended for pregnant or lactating women, or patients under the age of 16 years.

I understand that the results of my whitening treatment cannot be guaranteed.

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I understand that whitening treatments are considered generally safe by most dental professionals and are sold over-the-counter to individuals. I understand that although my dental professional has been trained in the proper use of the Beyond Professional Whitening System, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

Tooth Sensitivity– During the first 24 hours after the Beyond Professional Whitening Treatment, some patients experience some tooth sensitivity. Post-treatment tooth sensitivity is a common side effect of peroxide based tooth whitening. It is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity following the use of peroxide based whitening products subsides within 24 hours. People with existing sensitivity, recently-cracked teeth, abfractions (micro-cracks), open cavities (caries), leaking fillings, or other dental conditions that cause sensitivity may find that those conditions increase or prolong tooth sensitivity after the Beyond Professional Whitening Treatment.

Gum Irritation – In rare cases, whitening gel may come in contact with the gum tissue during the treatment and may cause inflammation or whitening of your gums or gumline. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The inflammation and/or whitening is usually temporary which will subside almost immediately and color change in the gum tissue will reverse within 30 minutes.

Dry Lips – The Beyond Professional Whitening treatment involves three, timed sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, petroleum jelly, or Vitamin E cream.

Relapse – After the Beyond Professional Whitening treatment, it is natural for the teeth to regress somewhat in their shading over time. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. I understand that the results of the treatment are not intended to be permanent and secondary, repeat, or touch-up treatments may be needed for me to maintain the tooth shade I desire for my teeth.

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, and benefits that can result from the Beyond Professional Whitening treatment and that I agree to undergo the treatment as described by my dental professional. I understand that this consent form will be kept as a record and will be added to my health history as maintained by my dental professional.

SIGNATURES

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my permission for the Beyond Professional Whitening Treatment to be performed on me.

PATIENT'S SIGNATURE	DATE
PATIENT'S NAME (PRINTED)	DATE