



## PROFESSIONAL TOOTH WHITENING INFORMED CONSENT

### General Description

At Central Dental Group we use the *Philips Zoom* teeth whitening system. The amount of whitening achievable varies from person to person and cannot be predicted or guaranteed, but in general:

- Yellow shaded teeth are easier to whiten than grey or bluish teeth;
- Striped or spotted teeth are difficult to whiten evenly;
- Crowns, veneers, fillings and other restorative materials already on teeth will not whiten;
- Tooth whitening is not permanent and will require maintenance using the bleach trays (inclusive with your treatment) with whitening gel, as well as regular professional cleans.

The result you achieve after your whitening procedure may or may not require additional whitening treatments to achieve your desired shade.

### Candidates for whitening treatment

Most people are potential candidates for the whitening procedure. However, there are a few exceptions:

- People with significant periodontal (gum) disease;
- People with crowns or fillings on the teeth to be whitened;
- Pregnant or breastfeeding women;
- People with severe internal staining of teeth, for example Tetracycline staining;
- People with minimal discolouration (teeth that are already white) may not see a substantial degree of whitening.

### Risks

- Scientific research has shown that the materials used in *Zoom* are safe and effective. It does not change the structure of teeth or damage them.
- Some people experience sensitivity, or *zingers*, during and in the hours after the whitening procedure. Zingers feel like an electric shock inside the tooth and can be uncomfortable. It is difficult to predict who may experience this, so it is recommended to take pain relief, such as Nurofen, just prior to your appointment. Although alarming, zingers do not cause harm to the tooth. If you experience sensitivity, pain relief and a desensitising product may be recommended for use in the hours following your procedure.
- The teeth whitening procedure may cause temporary inflammation and white spots on your gums. This should resolve within 24 hours.
- The procedure will not whiten through calculus (mineralised build up). A dental clean is required within the month prior to the day of your whitening procedure and is additional to your whitening treatment quote. If calculus needs to be scaled from your teeth on the day of your whitening procedure, gum inflammation and bleeding can prevent effective protection of your gums from the whitening gels, increasing your risk of gum burns.
- In rare instances, lightening is minimal or unapparent.

## Responsibilities

- Avoid the use of tobacco and teeth-staining foods and beverages such as tea, coffee, red wine, soft drinks, tomato based foods, red meat, dark green vegetables and spices for 48 hours following your whitening procedure.
- You may be advised to undertake an at-home whitening session within 48 hours of your procedure using the whitening trays and gels provided to you.
- Ensure you have attended your teeth-cleaning appointment within the month prior to your whitening treatment.
- If you have any questions or concerns, contact us on 6024 5266.

## Guarantees

There are no guarantees as to the degree of whitening you will achieve from your whitening procedure; the amount of whitening varies from person to person and is not predictable.

You may need to continue with additional whitening treatments, at additional cost, to obtain your desired shade. Your whitening procedure includes a take home whitening kit with custom-made bleach trays and a syringe of whitening gel. Additional gels can be purchased to continue your whitening at home, if required.

## Consent

I DO / DO NOT consent to dental photographs being taken as part of this procedure to be kept with my dental records.

I DO / DO NOT consent to Central Dental Group using these photographs for demonstration or procedure illustration.

- The risks, responsibilities, and benefits have been explained to me and I understand them.
- I have read the above information, I consent to treatment, and I assume the responsibility for the risks as described above.

\_\_\_\_\_  
Patient Name Printed

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

Date / /

\_\_\_\_\_  
Signed Clinician

Date / /

Pre-whitening shade:

Post-whitening shade:

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