

I understand that treatment of my dentition for which I desire **Cosmetic Dental Procedures** to be performed may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results which may be desired or expected. I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following: (Even though care and diligence is exercised in this subject treatment, there are no guarantees of anticipated or desired results or of the longevity of the treatment)

1. Sensitivity of Teeth: As a result of applying whitening or bleaching materials there is the possibility of development of tooth sensitivity which, though uncommon, may last for days or months following application of the bleaching medium. In most cases, this sensitivity will alleviate over time but should such sensitivity persist for any length of time, the doctor must be apprised of this condition and fluoride treatment may be prescribed in certain cases to treat the persistent sensitivity.

2. Sensitive or Allergic Reactions of Soft Tissues to Whitening, or Bleaching Agents: Even though this is an unusual occurrence, the gums or soft tissues of the mouth which may be exposed to the various agents used in these procedures may exhibit an allergic response. Also, gum tissues may in some cases exhibit signs of inflammation. Should this occur, please contact this office to be examined.

3. Longevity: It is impossible to place any specific time criteria on the length of time that the lightened appearance of whitened or bleached teeth should last. These time periods may vary from a very short time to a very long time depending upon many conditions existing from patient to patient, and/or upon each patient's individual habits or circumstances, which may be either internal, external or both.

It is the patient's responsibility to immediately inform the doctor and seek attention should any undue or unexpected problems occur or if the patient is dissatisfied. Also, all instructions must be diligently followed, including scheduling and attending all appointments.

Informed Consent: I have been given the opportunity to ask any and all questions regarding the nature and purpose of **Cosmetic Dental Treatment** and have received all answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for these services have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize this practice and/or their associates or agents to render any treatment deemed necessary, desirable, and/or advisable to me, including the administration and/or prescribing of any anesthetics and/or medications. I understand it is my responsibility to inform the doctor of ALL the medications I am currently taking as well as any allergies.

Whitening and Bleaching Consent

Patient: Submitted: 10/14/2024

Sign Form

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients') health. It is my responsibility to inform the dental office of any changes in medical status.

I consent to use Electronic Records and Signatures.: []

Relation to Patient:

I certify that I have explained to the patient and/or the patient's legal representative the nature, purpose, benefits, known risks, complications, and alternatives to the proposed procedure. The patient and/or patient's legal representative has voiced an understanding of the information given. I have answered all questions to the best of my knowledge, and I believe that the patient and/or legal representative fully understands what I have explained.

I consent to use Electronic Records and Signatures.: []