Home Whitening/ Internal Bleaching Consent

I hereby authorize Dr. Wiesenmayer to perform home bleaching/ internal bleaching procedure on tooth (teeth) #______________________________, and I understand that this is an elective, urgent, or emergency procedure (circle one).

Alternative Treatments include ____________________________________________.

Whitening is a procedure that is designed to lighten the color of your teeth. When performed by a licensed professional and done properly, whitening should not harm your teeth or gums. Significant lightening can be achieved in the majority of cases, however particular RESULTS CANNOT BE GUARANTEED. Whitening, like any other procedure, has some inherent risks and limitations. Although these risks are seldom serious enough to discourage one from having his or her teeth whitened, they should be taken into consideration when deciding whether or not to have the procedure performed. There are many variables that can affect the outcome of the procedure, such as the type of discoloration that affects your teeth, the degree to which you follow our instructions, and the overall condition of your teeth.

Who are the best candidates for whitening?
Almost anyone is a candidate for whitening. Experience shows that people with dark yellow or yellowish brown teeth sometimes achieve better whitening results than those with gray or bluish-gray teeth. Multi-colored teeth, especially if stained due to tetracycline, do not whiten as well. In addition, teeth with many fillings, cavities, chips, etc., are usually best treated through bonding, porcelain veneers, or porcelain crowns.

Take-Home Whitening: This process can be done anywhere not just at home. It involves wearing a custom-made whitening tray that looks like a thin, transparent night guard. You fill the tray with a mild whitening gel. You then need to wear the gel filled tray for the specified period of time each day (per our instructions). This procedure must be continued over a period of time that generally extends from 2-4 weeks. We will check your whitening progress as necessary during the period you are using the whitening gel. The advantages of take-home whitening include convenience and possibly less cost. The disadvantages include the inconvenience of wearing the whitening tray and that your results will depend on your consistent use of the tray.

Internal Bleaching: This procedure is recommended for teeth that have had root canal treatment in the past and as a result of this or trauma, have become discolored and no longer match the surrounding teeth. The procedure involves making a small access opening through the previous root canal entry, placing bleaching material into the cavity of the tooth, and sealing the area off afterward. The bleach is left in the cavity for 4-7 days and the patient is brought back in to evaluate the progress of whitening. This process may be repeated as necessary until the desired result is achieved. Two weeks following the end of bleaching treatment, a definitive filling will be placed.
What are your responsibilities?

**Keeping Your Appointments:** Timing and sequence are very important in internal bleaching of non-vital teeth. You must make every effort to make your scheduled appointments.

**Wearing your Whitening Tray:** If you choose take-home whitening, it will only be effective if you consistently wear the tray for the prescribed number of hours per day.

**Communication:** If you experience severe discomfort or any other problems, contact us immediately.

**Potential Risks and Complications:**

**Tooth Sensitivity:** During the first 24 hours following whitening many patients experience sensitivity. This sensitivity is usually mild unless your teeth are normally sensitive. With take-home whitening, it may be necessary to reduce the number of hours you wear the tray or stop using it for a short time to resolve the sensitivity. However, if your teeth are normally sensitive, whitening may make your teeth much more sensitive for an extended period of time. Under these circumstances, you may choose to delay whitening 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 to make you more comfortable until your teeth return to normal.

**Gum Irritation:** Whitening may cause temporary inflammation of your gums. With take-home whitening, irritation can result from using the whitening tray too many hours when you first start whitening or using the tray too many hours in a row without a break. It may be necessary for you to reduce the number of hours you are wearing the tray or stop using it for a short time to resolve these gum problems. The tray may also overlap your gums, allowing the gel to contact your gums for an extended period. This problem can be resolved by returning to this office so that we can trim the tray to a position slightly short of your gums.

**Sore Throat:** Most take-home whitening gel is very thick and will not run down your throat if you overload the tray with gel. However, if your gel is lower in viscosity, the excess may go down your throat and cause soreness. This soreness will subside in several days. In the event that you feel gel in your mouth or throat, spit out the excess gel instead of swallowing it.

**Leaking Fillings or Cavities:** Most whitening is indicated for the outside of the teeth (unless you already had a root canal). However, if you have any fillings that are leaking and the gel gets into the inside of the teeth, damage to the nerves of the tooth could result. In this case, the fillings need to be redone prior to the whitening. In addition, open cavities can also allow gel to reach the nerves of the teeth. All cavities should also be filled before whitening.

**Cervical Abrasion/Erosion:** These conditions affect the roots of the teeth when gums recede. They are the grooves, notches or depressions where the teeth meet the gums that generally look darker than the rest of the teeth. They look darker because there is no enamel in these areas. Even if these areas are not sensitive, the whitening gel can potentially penetrate the teeth and damage
the nerves. These areas should not be whitened and should be filled after the whitening is complete.

**Root Resorption:** This is a condition where the root of a tooth starts to dissolve either from the inside or outside. Although the cause of resorption has not been determined, studies have shown that its incidence is higher in teeth that have had a root canal and are then whitened.

**Effects on Fillings:** Even though open cavities or badly leaking fillings should be refilled prior to whitening, take-home whitening can cause tooth-colored fillings to become softer and may make them more susceptible to staining. Therefore, you should be prepared to have any fillings in your front teeth replaced after whitening. In addition, since whitening will normally lighten teeth, but not fillings, you may need to have your fillings replaced, so that they will match your newly whitened teeth.

**Relapse:** The effects of whitening are not permanent. Touch ups may be necessary in the future to maintain the desired shade you achieve after this procedure. Certain foods and drinks can accelerate staining and should be avoided. These substances include: coffee, tea, colas, **ALL** tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces.

I consent to the administration of **local anesthesia, nitrous oxide analgesia** or **oral sedation** in connection to the procedure referred to above as needed (circle all that apply). Drugs given at the time of surgery for sedative purposes or control of pain following the surgery may cause drowsiness and a lack of awareness or coordination.

I certify that I have read the above and fully understand this consent for treatment. I understand that a perfect result cannot be guaranteed. I am aware of the fee(s) associated with this treatment and am responsible for any and all payments not covered by my insurance.

Patient Signature _________________________               Date _________________

Doctor Signature _________________________               Date _________________

Witness Signature ________________________               Date _________________