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INFORMED CONSENT FOR BLEACHING

Below are several considerations related to using peroxide solution in a mouth guard. Please read carefully:

- 1) The active ingredient is carbamide peroxide in a glycerin base. If you have any allergy or adverse reaction to the above, do not undergo treatment.
- 2) Although the peroxide solution has been available for many years as an antiseptic in the mouth, it has only recently been more widely used for its effect on teeth. The FDA has approved its use as an antiseptic but has not acted on its use as a treatment for whitening teeth.
- 3) As with any treatment, there are benefits and risks. The benefit is that teeth can be treated in a fairly simple manner. The risk involves the chronic use of the peroxide solution for a number of weeks. There is research indicating that using peroxide over teeth themselves is safe. There is no definitive research, however, indicating the safety for the soft tissue (gingival, cheek, tongue, throat). Acceptance of treatment means acceptance of risks. Although preliminary findings are encouraging, long-term effects are not known.
- 4) The amount of whitening is variable and unpredictable. A whitening of the teeth can be expected, but the amount of change and the time required to achieve it are unknown. The average patient achieves considerable change with 2-3 weeks of use. The duration of the color change is unknown.
- 5) Some patients experience a relapse when treatment is discontinued. This is usually seen on patients with the darkest of greyest discoloration. The amount of relapse is variable. Coffee, tea, and tobacco will stain teeth after treatment in the same manner as before treatment.
- 6) You may experience any or all of the following during treatment: a) sensitivity to hot and cold b) soreness of teeth and or changes in the bite c) Burning sensation of gums and or throat d) soreness in your jaw joint (TMJ). These are usually slight and temporary and stop when treatment is discontinued.
- 7) Pregnant women should not be treated. If pregnancy is anticipated, treatment will be postponed.

I have read the above information. It has been explained to me and I have had the opportunity to ask questions.

Patient Signature: _____ Date: _____