Teeth Whitening Informed Consent

I understand that teeth whitening is an elective cosmetic procedure intended to lighten the color of natural teeth.

I acknowledge that possible side effects and risks include, but are not limited to:

- Temporary tooth sensitivity
- Allergic reaction to the gel solution
- Gum irritation, soreness, or chemical burns
- Discomfort during or after treatment
- Uneven results due to existing fillings, crowns, or dental conditions
- Whitening results that may vary or not meet expectations

____ I understand that dental restorations (crowns, fillings, veneers) will **not whiten** and may require replacement for color matching.

____ I have been given and understand the pre, during, and post- treatment instructions and I understand that following these instructions are critical for the success of the procedure and for prevention and managing side effects or complications.

____ I have disclosed all relevant dental and medical conditions to my provider. I understand that sensitivity or irritation typically resolves but may persist in some cases.

____ I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction. I voluntarily consent to teeth whitening treatment.

____ No guarantee, warrantee, or assurance has been made to me as to the results that may be obtained as results vary per patient.

____ I understand my financial obligations, and that I am responsible for all fees regardless of insurance coverage, unless prior arrangements have been made.

Patient Name: _____

Patient Signature: _____

Date: _____

This is a sample document. Because Informed Consent is **Treatment and Patient specific**, you may need to tailor this form to your needs. Make sure you comply with your state laws when applicable. This sample form does not constitute clinical or legal advice.

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