



# Cambridge Dental Hub



Love Your Smile

1 Brooke House, Kingsley Walk, Newmarket Road, Cambridge, CB5 8TJ

Love Your Smile

01223 363277

[reception@cambridgedentalcare.co.uk](mailto:reception@cambridgedentalcare.co.uk)

[www.cambridgedentalhub.co.uk](http://www.cambridgedentalhub.co.uk)

Dr David Gilmartin, Dental Surgeon

Dr Etienne Deysel, Sedationist

Dr Gulelala Azhar, Dental Surgeon

Mrs. Nur Gilmartin, Dental Hygienist

Dr Jaime De Castro Torres, Dental Surgeon

Dr Jonathan (Jonnie) Dixon, Dental Surgeon

Dr Casey Prawiradiraja, Dental Surgeon

Dr Monica Cueva Moya, Dental Surgeon

Dr Alvaro De Castro Torres, Dental Surgeon

Dr Konstantinos Tzamalass, Specialist Orthodontist

Dr I-Chun (Mago) Peng, Dental Surgeon

Miss Sam Singleton, Practice Manager

## Dental Bleaching and Tooth Whitening

I acknowledge that no warranty or guarantee has been given to me about the effectiveness of dental bleaching/whitening.

I acknowledge that it has been explained that sometimes there is no improvement or change in the colour of the teeth.

I acknowledge that it has been explained that sometimes there is a reaction to the soft tissues from the bleaching gel used and this may cause discomfort, soreness to the gums, lips, tongue and other soft tissues.

I realise that the procedure may cause sensitivity to my teeth which may mean I am unable to complete the treatment.

I acknowledge that the side effects including allergic reaction have been explained to me.

I acknowledge that I have received instruction about how to use the trays and materials. I am aware that failure to follow instruction including storage and frequency of use may cause complications and/or failure of the treatment procedure.

I acknowledge that I have received instructions about what to do after the bleaching procedure has been carried out at the surgery I am aware that failure to follow instruction may cause complications and/or failure of the treatment procedure.

Name \_\_\_\_\_

Date of Birth \_\_\_\_//\_\_\_\_//\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_//\_\_\_\_//\_\_\_\_



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## Dental Bleaching and Tooth Whitening

### INDICATIONS FOR USE:

- Whitening of discolored vital and non-teeth.

### SENSITIVITY:

Note: Patients with sensitivity will require a day or two breaks between treatments. Shortening treatment time is also suggested.

### PLACEMENT PROCEDURE:

1. Brush teeth. Remove the syringe cap and insert an application tip by twisting it securely onto the syringe.
2. Place a small drop of gel into every compartment of the tray for the teeth undergoing treatment.
3. Seat the tray, with the gel around the teeth.
4. Wipe away excess gel in mouth with a tissue or dry soft brush.
5. After treatment, remove tray. Rinse tray and mouth with lukewarm water.
6. Brush teeth.

Do not eat, drink or smoke during treatment. Do not smoke immediately after treatment - wait for at least two hours. Foods and drinks containing strong colors should be avoided for at least 48 hours or consumed in moderation. Use gel at room temperature.

### STORAGE AND SHELF LIFE:

Store at temperatures between 2°- 8°C (35°- 45°F) away from direct sunlight. Shelf life: 2 years and 3 months. Do not use after expiration date.

Keep unused syringes (capped) refrigerated.

### PRECAUTIONS:

To be used under the supervision of a dentist. Keep out of reach of children and pets. Not to be used by pregnant or lactating women or children under 14 years old. Patients with a history of chemical allergies are advised to carry out allergy testing by a specialist before using these products.

Discontinue use if any unusual sensitivity or reactions occur and consult your dentist. Do not inject gel into the body.

Eye (contact): Wash thoroughly with water and seek medical advice if symptoms persist. Skin (contact): Wash thoroughly with water and seek medical advice if symptoms persist. Ingestion (large amount): Drink plenty of milk or water and seek medical advice.

### PROBLEMS:

**IF YOU EXPERIENCE ANY PROBLEMS THEN PLEASE REMOVE THE TRAYS AND CALL US STRIAIGHT AWAY.**