



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.

The Bleaching may also cause irreversible pulpitis which may mean that the tooth will need a root treatment (Extra charges will apply) and/or extraction (Extra charges will apply) and/or provision of crown (Extra charges will apply) and or implant (Extra charges will apply).

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.

(CF Tooth Whitening)

Name _____

Date of Birth ____//____//____

Signature _____

Date ____//____//____



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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. You must not use the bleaching materials after their 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 16 years old. Patients with any 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 STRAIGHT AWAY.