

## **CONSENT FORM (BOOST WHITENING)**

\_\_\_\_\_ This information has been given to me so that I can make an informed decision about having my teeth whitened. I may take as much time as I wish to make my decision about signing this informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. My dentist has informed me that my teeth are discolored and could be treated by in-office whitening (also known as "bleaching") of my teeth.

### **Immediate Results**

Offering dramatic results after just two or three 20-minute treatments, Opalescence Boost is perfect for patients looking for instant whitening gratification or those who have an important event coming up that requires a bright, white smile.

### **DESCRIPTION OF THE PROCEDURE**

Boost in-office tooth whitening is a procedure designed to lighten the color of my teeth using a hydrogen peroxide gel. During the procedure, the whitening gel will be applied to my teeth in a series of "sessions", each lasting 20 minutes. Maximum number of sessions in one visit is 3. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open and the soft tissues of my mouth (gum tissue) will be covered by a light cured resin barrier to ensure they are not exposed to the whitening gel. After the treatment is completed, the retractor and all gel and tissue coverings will be removed from my mouth. Before and after the treatment, the shade of my upper-front teeth will be assessed and recorded.

**I understand that the results of my Boost Treatment cannot be guaranteed.**

### **ALTERNATIVE TREATMENTS**

\_\_\_\_\_ I understand I may decide not to have the Boost treatment at all. I understand there are alternative treatments for whitening my teeth for which my dentist can provide me additional information. These treatments include:

- Whitening Toothpastes/Gels
- Take-Home Whitening Kits
- Prefilled Disposable trays

However, should I decide to undergo this procedure, I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist has been trained in the proper use of the Boost whitening system, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

**Tooth Sensitivity/Pain** – During the first 24 hours after Boost treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain following a Boost treatment subsides within 24 hours, but in rare cases can persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after Boost treatment.

**Dry/Chapped Lips** – The Boost treatment involves up to 3, 20 minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, or petroleum jelly. The basic procedures of Boost treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction. As a general precaution, it is recommended that pregnant women consult with their doctor before undergoing this procedure. In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the Boost procedure.

Patient Name /Date \_\_\_\_\_

Witness Name/Date \_\_\_\_\_

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