

## **CONSENT FORM: NON-PEROXIDE TEETH WHITENING**

I hereby agree to purchase a self-administered teeth whitening kit that is used to whiten teeth.

I understand that support services regarding the use of the kit are included in the purchase and I have an LED lamp at my disposal, which will accelerate the process of whitening my teeth.

### **THE GUARANTEE OF RESULTS:**

Although the majority of teeth whitening will appear as a result of teeth whitening treatment, I understand that results vary according to each person.

I am aware that the teeth containing spots caused by tetracycline (greyish) or dental fluorosis, are more resistant to whitening. Also, if I have false teeth, crowns, porcelain veneers and other composite materials for the reconstruction of teeth, I cannot expect the treatment to be a complete success, as the gel does not work on the artificial dental restorations.

### **SPOTS OR STREAKS:**

Spots or white streaks may appear on the teeth of some individuals due to calcium deposits that form naturally. The spots are not caused by the whitening gel, they merely already exist and the gel does not accentuate the look. In general, they appear more noticeable directly after a treatment & they become less visible over time. Those spots/streaks, if not visible before the whitening process, can be the consequence of a temporary dehydration of the teeth and will fade away within a few hours. If spots/streaks are visible before the whitening process, they might be increased and even become permanent in rare cases.

### **POSSIBLE RISKS:**

While Non-Peroxide whitening treatments do not involve real risks, I am aware that certain complications that may arise include, but are not limited to:

The irritation of the gums or lips (very rare). Inflammation of the gums or lips is temporary. A tingling sensation may also occur on areas with which the gel comes into contact.

### **TOOTH SENSITIVITY:**

Very rarely, some customers may experience tooth sensitivity within 24 hours after treatment. People who already have sensitive teeth caused by dental problems such as cracked teeth recently, micro cracked teeth, untreated cavities, fillings and exposed roots may experience increased sensitivity. It is highly recommended that your teeth and gums are in a healthy condition when undergoing a teeth whitening session to avoid these possible side effects.

### **RELAPSE:**

Even after treatment, teeth darken somewhat naturally over time. It is a natural process that is gradual, but is accelerated when the teeth are exposed to staining agents, including coffee, tea, tobacco, red wine, sodas.

I understand that I have been advised to consume nothing but water for at least 4 hours after treatment. This is necessary as the gel causes temporary opening of the pores within tooth enamel, which ultimately makes them highly susceptible to other chemicals. It takes about 24-48 hours for the pores / tunnels to fully close and during this time I understand that I should adhere to the white diet because the tubules are still open and additives and colouring can stain my teeth. (So no coffee, cigarettes, red wine, sauces coloured mouthwash or colour toothpaste.)

I also agree that the results of treatment are not permanent and that secondary treatment or alterations may be required to maintain the desired colour of my teeth.

**ELIGIBILITY:**

I understand that this treatment can be administered to persons under the age of 18 years old.

I am not pregnant nor breastfeeding.

Anyone who has just had braces removed should allow a period of six months to lapse before undergoing treatment for teeth whitening.

**SELF-ADMINISTERED:**

I understand that before, during and after the BRILLIANT SMILE whitening process, nobody other than myself will touch my teeth nor place anything in my mouth.

By signing this document, I certify that I am eligible according to criteria mentioned above, I have read and I understand this document, including the potential risks, and I assume full responsibility for this treatment.

I also certify that my teeth and my gums are healthy.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teeth Shade before treatment: \_\_\_\_\_

Teeth Shade after treatment \_\_\_\_\_