MEDILASER
COSMETIC SURGERY AND VEIN CENTER
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TEETH WHITENING CONSENT

The whitening gel chosen for this teeth whitening treatment was developed by an ISO Certified Dental Laboratory and dentists for fast whitening action and long lasting results. This is the same teeth whitening gel with patented moldable trays that is dispensed by dental offices worldwide.

An impression of the teeth will be taken. Whitening gel will be added to your unique mouth tray. The tray will be placed in your mouth and your teeth will be exposed to light from a LED lamp for a minimum of 15 minutes. One may feel a slight tingling sensitivity. This treatment bleaches embedded discolored substances (stains). The structure of the tooth is not changed; only the tooth enamel stain is changed and becomes a lighter and whiter shade. The present color/shade of teeth may achieve a whiter appearance by using these products.

People with healthy teeth and gums whose teeth are discolored with yellow/brown teeth from age, food, wine, soda and/or tobacco products seem to get the best results. People with multiple colorations, bluish-gray teeth, bands, or spots due to tetracycline or fluorosis may have less dramatic whitening results. Results of a teeth whitening product cannot be guaranteed and will never be whiter than genetics allow, individual results will vary as all teeth whiten differently. The session will not damage veneers, crowns, bridges, or false teeth, and can only whiten them back to their original color. Good oral hygiene with regular visits to the dentist is recommended. Whitening sessions are generally considered safe by most dental professionals and sold over the counter to individuals. As with all oral products, personal dental health should be discussed with your dentist.

Exclusions for teeth whitening treatment and some potential complications of treatment include, but are not limited to:

- Allergies or reactions to hydrogen peroxide, glycerin, or latex
- Existing decay, periodontal disease, or gingivitis (may irritate)
- Taking any photosensitive drugs or medications (may cause swelling)
- Pregnant, suspect of being pregnant, breastfeeding or under age 14 yrs.
- Had oral surgery/extractions in the last 4 weeks or current open sores/cuts in the mouth
- Wearing a piercing or any other metal objects in the oral cavity (may tarnish)
- Diabetics should consult their physician prior to undergoing any whitening procedure
- Consumers with severely tetracycline stained teeth, traumatized, non-vital teeth or excessive fluoride use that causes severe staining may opt for a more aggressive cosmetic procedures

While hydrogen peroxide will have no negative effect on the integrity of fillings, crowns and veneers; the simple fact is that these materials are slightly affected. However, the peroxide will remove staining from composite materials. The standard procedure is to whiten all adjacent teeth, wait two weeks for the color to stabilize, then go to your dentist and match the crown to the new shade of your teeth. If a crown is already been in place for many years the whitening process can return the rest of the teeth to the original shade prior to the crown placement.

I understand there is no guarantee of results of any treatment.

I acknowledge and give consent to pre-operative and post-operative digital photography. This digital photography may be used for the purpose of patient chart documentation, scientific presentations, patient awareness and education, or digital photography on the website of Medilaser, Cosmetic Surgery and Vein Center.

Services are cosmetic in nature and are non refundable. I understand the regular charge applies to all subsequent treatments. I understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I further agree in the event of non-payment, to bear the cost of collection, and/or court cost and reasonable legal fees, should this be required.

I,_____ consent to undergo the teeth whitening treatment. Furthermore, I have approved to healthy teeth/gums. By signing below, I am stating I have read this document in its entirety (or it has been read to me), and I fully understand all the information provided, including the possible risks, complications and benefits that can result from the cosmetic Teeth Whitening treatment. I agree my questions have been fully answered to my satisfaction. I hereby release the doctor and facility from liability associated with this procedure.

Patient Signature_____ Date____/____/____

Witness_____ Date____/____/____

Patient Signature_____ Date____/____/____

Patient Signature_____ Date____/____/____