HappySmile

GABINET STOMATOLOGII I MEDYCYNY ESTETYCZNEJ

CONSENT TO TOOTH WHITENING

IPatient's name and surname: .....PESEL:.....

I declare the following:

I have been informed of the following principles for performing a teeth whitening procedure: Teeth whitening involves lightening the color of teeth and removing discoloration from the crowns of all or selected teeth.

NOTE: Teeth whitening is not a medical procedure.

The final whitening effect is difficult to predict and depends on many factors, in particular the mineral composition of the patient's enamel, the composition and viscosity of the patient's saliva, the patient's diet, medications taken, stimulants used, and the patient's oral hygiene habits.

Indications for teeth whitening:

1. Teeth whitening for aesthetic reasons.
2. Removal of discoloration present on teeth from the moment of eruption, as well as that which appears with age. Success is variable for discoloration caused by tetracycline antibiotics and brown discoloration caused by fluorosis.
3. Whitening of dead, dark, and discolored teeth.
4. Removal of discoloration caused by congenital, systemic, metabolic, and pharmacological factors, trauma, fluorosis, treatment with tetracycline antibiotics, hemolytic disease of the newborn, jaundice, and polyphyria.

Contraindications to tooth whitening - the most important contraindications to tooth whitening are:

1. Patient age under 18 years.
2. Mechanical or carious damage to teeth.
3. Excessive number of fillings, crowns, bridges, or veneers in the anterior teeth.
4. Tooth hypersensitivity.
5. Poor oral hygiene with concomitant gingivitis. 6. Allergy or hypersensitivity to oxidizing agents, glycerin, and polyacrylic resins.
7. Pregnancy or breastfeeding.
8. Smoking.
9. Temporomandibular joint disorders.
10. Taking strong medications (psychotropic, antiepileptic, cytostatic).

Effects and consequences (risks) of teeth whitening:

1. Only natural teeth are whitened.
2. Fillings, crowns, veneers, and bridges will not be whitened and will need to be replaced to match the color of your natural teeth after whitening.
3. Temporary tooth sensitivity to thermal and chemical stimuli may occur during and immediately after whitening. 4. After the whitening procedure, tenderness and irritation of the oral and pharyngeal mucosa may occur.
5. Discolored, non-vital teeth require a different whitening procedure.
6. During the whitening procedure and for two weeks after its completion, a diet consisting of non-staining food ingredients should be followed. A so-called "white diet" is recommended – dairy products are recommended, and in particular, avoiding coffee, tea, red wine, borscht, soy sauce, juices, and dark-colored beverages.
7. Smoking should be strictly avoided.
8. Use the treatments and hygiene products recommended by your doctor.
9. To maintain the teeth whitening effect for as long as possible, you should have a dental check-up no later than every 6 months, regularly remove dental deposits, maintain oral hygiene according to your doctor's recommendations, and minimize the consumption of liquids and foods containing dyes.

The maintenance of the whitening effect depends on the patient's diet and habits. Declaration of consent to the procedure:

I have read and understood the above regulations and have received all explanations regarding my case, including the procedure technique and the proposed course of treatment. I have had the opportunity to obtain additional explanations from the doctor regarding the teeth whitening procedure. I have been informed of alternative treatment options, including the option of omitting the whitening procedure. I have been informed of the risks associated with other methods and the consequences of not undergoing the procedure.

I understand that, as with all general medical procedures, positive whitening results are not guaranteed. Whitening is performed to address a specific problem and may not eliminate other underlying health or aesthetic issues. Whitening does not protect against tooth decay, tooth fracture, or periodontal disease. In exceptional circumstances, a tooth may require re-whitening or conservative prosthetic treatment. I have also been informed that I may withdraw my consent to whitening before and during the treatment. Depending on the time of withdrawal, the consequences of discontinuing the treatment, both health-related and aesthetic, may vary. I agree to follow all the above-mentioned medical recommendations, with particular emphasis on oral hygiene, and to attend follow-up appointments at the scheduled times.

I declare that I have provided comprehensive and truthful information regarding my current health status, as specified in the questionnaire attached to this declaration. I undertake to immediately notify my physician of any changes in my health status.

I consent to the taking of radiological and photographic documentation during the treatment and during follow-up appointments and to its retention in my medical records. Therefore, I declare that, in accordance with Articles 32-35 of the Act of December 5, 1996, on the professions of physician and dentist (consolidated text: Journal of Laws of 2005, No. 226, item 1943, as amended) and Article 16 and 17 of the Act of 6 November 2008 on patients' rights and the Patient Ombudsman (Journal of Laws of 2009, No. 52, item 417, as amended)

I consent to teeth whitening using the following method: (underline the appropriate option)

- whitening of a tooth/teeth without vital pulp using intracavitary inserts
- in-office whitening using hydrogen peroxide
- whitening using the overlay method

Patient's signature, date.....

Dental physician/hygienist's signature, date.....