

Teeth Whitening Client Intake Form

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

Occupation

Emergency Contact Name

Phone #

Would you like to be added to our email list for specials and discounts?

Yes

No

How did you hear about us?

Dental History

Have you had teeth whitening before?

Yes

No

If yes, please state when:

Do you have any crowns, bridges, veneers, or fillings?

Yes

No

If yes, please state where:

Do you have sensitive teeth?

Yes

No

When was your last dental visit?

Medical History

Do you currently or have you had any of the following? Please check all that apply:

Bleeding Gums

Genetic Disorder

Tooth Discoloration

Dental Trauma

Sores in Mouth

Untreated Dental Issues

Are you, or could you be pregnant/breastfeeding?

Yes

No

Are you currently taking any medications?

Yes

No

If yes, please explain:

Do you have any other allergies?

Yes

No

If yes, please list:

Lifestyle

Do you use any of the following? Please check all that apply:

Coffee

Tea

Red Wine

Dark Sodas

Tobacco Products

Other:

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience to allow them to adjust accordingly. I agree to waive all liability toward my technician for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date

Informed Consent for Teeth Whitening

_____ I understand that teeth whitening is a cosmetic procedure designed to bleach the stains on the surface of my teeth and will not change my natural enamel colour and will only bleach the stains on the surface of the tooth enamel.

_____ I understand the process will involve peroxide gel being used on the surface of my teeth.

_____ I understand that teeth whitening will not be beneficial on stains and discolouration inside the tooth enamel.

_____ I understand that teeth whitening treatments are not intended to lighten the following types of teeth:

- Artificial teeth
- Caps
- Crowns
- Veneers
- Porcelain
- Composite
- Other restorative materials

_____ I understand that teeth with the following may not lighten and are usually best treated with other non-bleaching alternatives.

- Multiple fillings
- Cavities
- Chips
- Cracks

_____ I understand that teeth with the following may not whiten or be improved as well and may need multiple treatments or may not whiten at all.

- Multiple colorations
- Bands
- Splotches
- dark shadows due tetracycline use etc.
- White spots due to Fluorosis
- Teeth with a dead nerve

_____ I understand that the results of my whitening are not guaranteed and results vary.

_____ I understand that although my technician has been trained in the proper use of the in-office whitening system they are not a dental practitioner and the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

- Blisters
- Tooth Sensitivity or discomfort
- Fluorosis enhancement
- Gum irritation

_____ I understand that while some tooth sensitivity is normal and should only last for a few days, the following may make my teeth more sensitive after the treatment and may make the sensitivity last longer:

- Existing sensitivity
- Tooth recession
- Exposed dentin
- Exposed root surfaces
- Severely worn teeth
- Damaged or missing enamel
- Cracked teeth
- Cavities
- Leaking fillings

_____ I understand that this procedure should not be administered on me if I am pregnant, nursing, have not seen a dentist in two years, have unfilled holes in my teeth, have a temporary crown, or have untreated gum disease.

_____ I understand that it is natural for teeth that underwent the whitening treatment to regress somewhat in their shading posttreatment. I understand that this is natural and should be very gradual but it can be accelerated by exposing the teeth to various staining agents such as dark-colored liquids (coffee, tea, dark soda), all tobacco products, mustard or ketchup, red wine, soy sauce, berries, berry pie, and red sauces like tomato sauce.

_____ I understand that the results of the whitening treatment are not intended to be permanent.

_____ I understand that repeat or take-home treatments may be needed further to maintain the whitening result.

_____ I understand that after treatment, I will be required to refrain from consuming any substances that could discolor my teeth for the first 24 hours after treatment. These substances include but are not limited to dark-colored liquids (coffee, tea, dark soda), all tobacco products, mustard or ketchup, red wine, soy sauce, berries, berry pie, and red sauces like tomato sauce.

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me. I understand and acknowledge that there are risks involved with the treatment I will be receiving. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications, and I have had the opportunity to ask questions regarding these risks and other possible complications.

Name Printed

Signature

Date