

INFORMED CUSTOMER CONSENT FOR TEETH WHITENING TREATMENT

General

I acknowledge that I am purchasing a self-administered Teeth Whitening Kit that is designed to whiten the color of my teeth. As a part of the purchase, I am asking for assistance in the use of my teeth whitening kit, and I understand that I will be allowed to use a specially designed LED Light in order to accelerate the whitening process.

Results Guarantee

Although most natural teeth can benefit from a teeth whitening treatment, I understand that everyone's teeth are different and that results will vary. I understand that people with yellowish teeth generally get the best results and that if my teeth have spots due to tetracycline (grayish tint) or fluorosis, these will be difficult to whiten. Also, if I have artificial teeth, caps, crowns, veneers, porcelain, composite or other restorative materials, I shouldn't expect significant results from this treatment because the peroxide gel will typically not whiten artificial dental work. Also, I am aware that my teeth will never be whiter than the white color my genes naturally allow.

Potential Risks

Although whitening treatments are generally safe, I understand that some of the potential complications of this treatment include, but are not limited to:

GUM/LIP IRRITATION: Whitening gel that comes into contact with gum tissue or the lips during the treatment may cause inflammation or whitening of these areas. This is due to inadvertent exposure of small areas of those tissues to the whitening gel. The inflammation and/or whitening of gums and lips is transient, and the color change of the gum tissue will usually reverse within 30 minutes. I may feel a stinging and tingling sensation on these soft tissues during the treatment if the gel comes in contact with them. If I have or develop an allergy to hydrogen peroxide, I understand that I might get significant swelling and pain in the lips or other soft tissues. Even people that have whitened their teeth before without any problems could have an allergic reaction to the peroxide in whitening gel at any time.

TOOTH SENSITIVITY: Although uncommon, some customers can experience some tooth sensitivity during the first 24 hours after the whitening treatment. People with existing sensitivity, recently cracked teeth, micro-cracks, open cavities, leaking fillings, exposed roots, or other dental conditions that cause sensitivity may find that those conditions increase or prolong tooth sensitivity after the treatment.

SPOTS OR STREAKS: Some customers may develop white spots or streaks on their teeth due to **CALCIUM DEPOSITS** that naturally occur in teeth. These spots are NOT caused by the peroxide gel. The gel just brings the already existing calcium deposits out and makes them visible again. The extra brightness of these spots usually diminishes over time.

RELAPSE: After the treatment, it is natural for teeth color to regress somewhat over time. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents, such as coffee, tea, tobacco, red wine, colas, etc. I realize that I should not eat or drink anything except water during 60 minutes after the treatment because the gel opens the pores of my enamel and makes my teeth very vulnerable to staining agents. If I purchase a touch-up pen, I realize that my pores will remain open for as long as I use it so I should refrain from staining agents as much as I can till I stop using the pen. Only 24 hours after I conclude the touch-up pen treatment should I resume my normal habits. I understand that the results of the treatment are not intended to be permanent and that secondary, repeat or touch-up treatments may be needed for me to maintain the color I desire for my teeth.

Eligibility

I understand that this treatment CANNOT be used by pregnant or lactating women, people under the age of 14, people with gum disease, open cavities, leaking fillings, or other dental conditions, or people who are allergic to hydrogen peroxide. People with a piercing or other metal objects in the oral cavity should remove them before the treatment as they could turn black.

By signing this document, I indicate that I am not ineligible as per the criteria listed above, that I have read and fully understand this entire document including the possible risks, complications and benefits that can result from the treatment, and that I am performing this treatment under my own responsibility. I also certify that I HAVE HEALTHY TEETH AND GUMS.

Name: _____ Signature: _____ Date: _____