

INFORMED CONSENT FOR INNOWHITE® TEETH WHITENING TREATMENT

INTRODUCTION

This information has been given to me so that I can make an informed decision about having my teeth whitened. I may take as much time as I wish to make my decision about signing this informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. My dentist has informed me that my teeth are discolored and could be treated by in-office whitening (also known as "bleaching") of my teeth.

DESCRIPTION OF THE PROCEDURE

InnoWhite in-office tooth whitening is a procedure designed to lighten the color of my teeth using a combination of a hydrogen peroxide gel and a specially designed LED lamp. The InnoWhite treatment involves using the gel and lamp in conjunction with each other to produce maximum whitening results in the shortest possible time. During the procedure, the whitening gel will be applied to my teeth and my teeth will be exposed to the light from the InnoWhite advanced LED lamp for three (3), 15-minute sessions. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open and the lip of my mouth will be protected by gum barrier to ensure they are not exposed to either the gel or light. Lip balm or moisturiser may also be applied as needed and I will be provided an goggles for my eyes as protection. After the treatment is completed, the retractor and all gel and tissue coverings will be removed from my mouth. Before and after the treatment, the shade of my upper-front teeth will be assessed and recorded.

COST

I understand that the cost of my InnoWhite treatment is determined by my dentist. I understand that my dentist will inform me if there are any other costs associated with my InnoWhite treatment.

RISKS OF CONSENT FOR TREATMENT

I also understand that InnoWhite treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from InnoWhite whitening treatments and significant whitening can be achieved in most cases. I understand that InnoWhite whitening treatments are not intended to lighten artificial teeth, caps, crowns, fillings, veneers or porcelain, composite or other restorative materials and that people with darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use or fluorosis do not whiten as well, may need multiple treatments or and may not whiten at all. I understand that teeth with many fillings, cavities may not lighten and are usually best treated with other non-bleaching alternatives.

I understand that InnoWhite treatment is not recommended for pregnant or lactating women, light sensitive individuals, patients receiving PWA (Psoralen + UVA radiation) or other photochemotherapeutic drugs or treatment, as well as patients with melanoma, severe diabetes or heart conditions.

I understand that the results of my InnoWhite Treatment cannot be guaranteed.

I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist has been trained in the proper use of the InnoWhite whitening system, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

Tooth Sensitivity - During the first 24 hours after InnoWhite treatment, some patients can experience some tooth sensitivity. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity following a InnoWhite treatment subsides within 24 hours, but in rare cases can persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity after InnoWhite treatment.

Gum/Lip/Cheek Inflammation - Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The inflammation is temporary which will subside within one hour but may persist longer and may result in discomfort, depending on the degree to which the soft tissues were exposed to the whitening gel.

Dry/Chapped Lips - The InnoWhite treatment involves three, 15-minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, petroleum jelly or Vitamin E cream.

Cavities or Leaking Fillings - Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking and allowing gel to penetrate the tooth are present, significant pain could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing the InnoWhite treatment.

Relapse - After the InnoWhite treatment, it is natural for the teeth that underwent the InnoWhite treatment to regress somewhat in their shading after treatment. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. Treatment usually involves wearing a take-home tray or repeating the InnoWhite treatment. I understand that the results of the InnoWhite treatment are not intended to be permanent and secondary, repeat or take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

The safety, efficacy, potential complications and risks of InnoWhite treatment have been explained to me by my dentist and I understand that more information on this will be provided to me upon my request. The basic procedure of InnoWhite treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the InnoWhite treatment and that I agree to undergo the treatment as described by my dentist.

SIGNATURES

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my permission for InnoWhite treatment to be performed on me.

Patient's Name

Patient's Signature

Date

Dentist's Name

Dentist's Signature

Date