Consent Form for Evolution 3 Bleaching

The Evolution 3 Bleaching procedure is a state of the art treatment designed to whiten the teeth to their optimum natural brightness.

The amount of whitening varies from patient to patient and cannot be predicted exactly. In general yellow or brown teeth, teeth with staining from tea, coffee or red wine, and darkened monochromatic teeth are easier to whiten.

Evolution 3 will significantly whiten all teeth as long as your dentist’s instructions are followed closely.

Alternatives to tooth whitening:
If you would like whiter teeth there are several other options available

- Scale & Polish or Air Abrasion – will only remove surface staining
- Veneers and Crowns – involve shaving of tooth enamel and replacing with porcelain, but can change the shape as well as the colour of the smile

1- Transient tooth sensitivity may develop during treatment and your dentist may give you desensitising swabs
2- Temporary inflammation or white spots on your gums may be caused by the whitening procedure. These can cause short lived discomfort which resolves within a few hours.
3- Occasionally patchy white areas occur which equalize within 2 – 3 days.
4- Porcelain restorations such as crowns or veneers as well as white fillings will not change colour and may need to be replaced after the whitening procedure.

Responsibilities

1. Evolution3 Bleaching trays are precision moulded to your mouth; you must treat them with care. Do not bend the trays when not in use, store them passively in the tray case and only wash them with cold water
2. Evolution3 Bleaching trays must be worn all night for 14 or 28 nights (as recommended by your dentist) – on the 15th or 29th day your dentist will make an appointment for you. Please bring your trays to this appointment

Guarantees

1- There are no guarantees to the degree of teeth whitening.
2- The results can be maintained with 1 nights tray wear every 1 to 2 months.

I have had the Evolution 3 tooth whitening procedure fully explained to me and have had the opportunity to ask questions.
I have read this information sheet.
I consent to treatment and assume responsibility for the risks described above.
I also consent to photographs being taken.
I understand that they may be used for documentation and illustration of my whitening treatment.

Signature:…………………………………… Date:………………