

Gum/Lip/Cheek Inflammation -

This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

Relapse-

After the treatment, it is natural for the teeth that underwent the whitening procedure to regress somewhat in their shading. 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 treatment.

I understand that the results of the treatment are not intended to be permanent, repeat or take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

I understand that after treatment, I will be required to refrain from consuming any substances that could discolor my teeth for the first 48 hours after treatment. These substances include: coffee, tea, colas, ALL tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces and lipstick. I understand that there are other substances that could discolor my teeth which I should avoid during the first 48 hours after treatment. If I have any questions regarding any such substance, I understand that I can discuss with my dentist.

The safety, efficacy, potential complications and risks of treatment can be explained to me by my dentist and I understand that more information on this will be provided to me upon my request. Since it is impossible to state every complication that may occur as a result of treatment, the list of complications in this form is incomplete.

I consent to photography, filming, recording, and x-rays of the procedure to be performed for the advancement of dentistry, provided my identity is not revealed

The basic procedures of 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, complication and benefits that can result from the treatment and that I agree to undergo the treatment as described by my dentist.

Sign here, only if all of your questions have been answered to your satisfaction

Jake Nix Heath



13-Apr-2024

Patient's name

Signature of Patient Legally authorized Representative

Date

13-Apr-2024

Witness Signature

Date

13-Apr-2024

Dentist's Signature

Date

