

**INFORMATIONAL INFORMED CONSENT  
COSMETIC TREATMENT  
(INCLUDING BLEACHING, WHITENING AND/OR VENEERS)**

I UNDERSTAND that COSMETIC DENTAL treatment may entail certain risks and possible unsuccessful results, with even the possibility of failure to achieve the results which may be desired or expected. Even though care and diligence is exercised in this subject treatment, there are no guarantees of anticipated or desired results nor of the longevity of the treatment. Nevertheless, I agree to assume those risks, possible unsuccessful results and/or failure associated with, but not limited to the following:

1. **Reduction or roughening of tooth structure:** In making preparation of teeth for the reception of **cosmetic veneers**, either made of porcelain or composite resin, it may be necessary to reduce or roughen the surface of the tooth to which the veneer(s) may be bonded. This preparation will be done as conservatively as possible, but once this is done, the patient is committed to veneers or crowns for the duration of life. If the veneer covering breaks or comes off, the uncovered tooth may become susceptible to decay if the veneer is not replaced in a timely manner.
2. **Sensitivity of teeth:** As a result of applying whitening or bleaching materials or through the process of modifying teeth to accept veneers, there is the possibility of the development of tooth sensitivity which may last for days or months following application of the bleaching medium or following tooth preparation. In most cases, this sensitivity will alleviate over time but should such sensitivity persist for any length of time, the doctor must be apprised of this condition and fluoride treatments may be prescribed in certain cases to treat the persistent sensitivity.
3. **Chipping, breaking or loosening of the veneer** may occur any time following placement. Many factors may contribute to this happening such as: chewing of excessively hard materials; changes in occlusal (biting) forces; traumatic blows to the mouth; failure of the bond between the veneer and tooth; and other such conditions over which the dentist has no control.
4. **Sensitive or allergic reactions of soft tissues to whitening, bleaching, or bonding agents:** Even though this is an unusual occurrence, the gums or soft tissues of the mouth which may be exposed to the various agents used in these procedures may exhibit an allergic response. Also, gum tissues may show signs of inflammation. Should this occur, the doctor should be immediately made aware of this.
5. **Esthetics/Appearance:** Every attempt possible will be made to match and coordinate both the form and shade of veneers which will be placed to be cosmetically pleasing to the patient. However, there are some differences which may exist between that which is natural and that which is artificial making it impossible to have the shade and/or form perfectly match your natural dentition. Once veneers are bonded to place on the teeth, should any changes be desired later by the patient, a fee may be assessed to cover any extensive adjustments or remakes.
6. **Longevity:** It is impossible to place any specific time criteria on the length of time that veneers should last or for the lightened appearance of whitened or bleached teeth to remain at the lightened shades. These time periods may vary from a very short time to a very long time depending upon many conditions existing from patient to patient, which may be either internal, external or both.
7. **Bleaching Considerations:** Bleaching may either be done in-office or with take-home trays. The degree of whitening varies with the individual. The average patient may achieve considerable change (1-3 shades on the dental shade guide) but some patients take longer to achieve the desired level of whiteness of teeth. Coffee, tea and tobacco will stain teeth after treatment and are to be avoided for at least 24 hours after treatment. Carbamide peroxide and other peroxide solutions used in bleaching are approved by the FDA as mouth antiseptics. Their use as intraoral bleaching agents has been effective but unknown risks may yet persist. Acceptance of bleaching treatment means acceptance of these yet unknown risks. Pregnant women are advised to consult with their physician before starting treatment.
8. **It is the patient's responsibility to immediately inform the doctor and seek attention from him/her should any undue or unexpected problems occur or any dissatisfaction be present. Also, all instructions must be diligently followed, including scheduling and attending all appointments.**

**INFORMED CONSENT TO TREATMENT:** I have been given the opportunity to ask any and all questions regarding the nature and purpose of cosmetic dental treatment and have received all answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for this (these) services have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. \_\_\_\_\_ and/or his/her associates to render any treatment deemed necessary, desirable and/or advisable to me, including the administration and/or prescribing of any anesthetics or medications.

\_\_\_\_\_  
Patient's Name (please print)

\_\_\_\_\_  
Signature of patient, legal guardian,  
or other authorized person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date