

TOOTHMASTERS

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Home bleach ingredients are carbamide peroxide, hydrogen peroxide, and glycerin. These solutions have been in use in dentistry for many years, however, they have only recently been used for bleaching. The FDA has approved the use of peroxide solutions for oral antiseptics, but not as bleaching materials. Some risks involved with treatment include, but are not limited to:

- **hot and cold sensitivity**
- **a burning sensation in the tissues**
- **soft tissue ulcers**
- **nausea**
- **jaw joint disorders from the appliance**
- **sore throat from swallowing solution**

Some dental restorations can be damaged from the bleach and may need to be replaced.

Contradictions: Patients with root sensitivity may find the problem aggravated. Persons with allergies to carbamide peroxide, hydrogen peroxide, and glycerin should not undergo treatment. Pregnant women should not undergo treatment.

Expected Results

- As tooth lightening is unpredictable, no guarantee of whitening is made. Most patients find that their teeth will lighten 1-2 shades on a dentists' shade guide.
- Treatment time can vary although most people see some results in about 5 days. Treatment time is usually 2-6 weeks.
- Yellow and brown stains usually lighten better than gray or blue stains. Some patient's stains relapse after treatment is discontinued. Tooth whitening effects may last indefinitely or some darkness may reappear. Periodic re-treatment is generally indicated.

Instructions

- **Place the filled appliance in the mouth. Do not swallow excess bleach.**
- **The tray may be worn up to two times a day for 30-minute intervals.**
- **Be sure to clean the appliance thoroughly after each use.**
- **Do not eat or drink while wearing your appliance.**
- **If gums or teeth become uncomfortable, discontinue treatment.**

I have read and understand the above information concerning home bleaching. I have been informed of the treatment, the fee(s), any alternatives, and the benefits and risks involved. All of my questions have been answered to my satisfaction.

Patient Signature _____ **Date** _____

Parent/Guardian Signature _____

Witness _____