



## 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,** however 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 15<sup>th</sup> or 29<sup>th</sup> day your dentist will make an appointment for you. Please **bring your trays** to this appointment

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:.....**