

Informed Consent for PUREWHITENING Tooth Bleaching

The PUREWHITENING product is intended for tooth whitening.

Contraindications for Tooth Whitening:

- Pregnancy
- Breastfeeding

Side Effects:

- Temporary increased tooth sensitivity may occur during the bleaching process.
- White spots on teeth may temporarily become more noticeable during bleaching, but the color will even out once the bleaching is complete.

Sensitivity can be reduced by using toothpaste containing potassium nitrate (such as Sensodyne Pronamel). It is recommended to start using this type of toothpaste at least one week prior to beginning the bleaching process.

The at-home phase of the combined bleaching treatment typically lasts for 14 nights, followed by an in-office whitening session. After the in-office treatment, the at-home phase should continue for an additional 2–5 days. In exceptional cases (resistant discoloration, fluorosis, tetracycline-stained teeth, etc.), the at-home phase may need to be extended to achieve optimal results (Vita B1).

While undergoing bleaching, a strict “white” diet is not necessary, though it is recommended to brush your teeth after consuming strongly colored foods and drinks.

Smoking may negatively impact the bleaching process, and it may sometimes be necessary to continue the at-home phase for an additional 14 nights after the in-office session to reach the desired result (Vita B1). In periodontal patients with significant gum recession, prolonged treatment may be necessary due to increased exposure of the gel to saliva, potentially resulting in a less successful outcome (reaching B1 may not always be achievable).

The gels used comply with European Directive 2011/84/EU. I confirm that I have been informed about the contraindications and potential side effects of the PURE WHITENING tooth bleaching treatment.

Patient Statement

Patient (Title, Full Name):

I, the undersigned patient, declare that I have been clearly informed about the contraindications and potential side effects of PUREWHITENING tooth bleaching. I had the opportunity to ask additional questions, and if I did so, all of my questions were fully answered.

Based on this information, I hereby declare that I consent to the PUREWHITENING tooth bleaching treatment.

Date:..... Patient’s Signature:.....