Advanced Laser Medspa

COOL WHITE SMILE CONSENT FORM

Date: _____

Phone Number: (___) _____ home/cell/work (___)_____home/cell/work

First Name: _____Last Name:_____
_
Address:_____City:_____State_____Zip_____

Expectations

People with healthy teeth and gums but who have stains or discoloration generally get the best results. On some occasions, you may feel a little tingling, warming sensation or slight sensitivity. Teeth and/or gums may be sensitive for a short time after treatment. You may see temporary bleaching to the gums, lips or mouth but this is normal and will disappear, usually in less than a day. **Your teeth will never be whiter then your genetic traits**. This process will bring your teeth to their full whitening potential but not beyond it. All teeth bleach differently.

Additionally, this process does not prevent your teeth from re-staining. It is important to remember the continued use of staining foods or drinks will degrade the longevity of your results, which generally should last between 6 months to a year. Once again, individual results will vary. Possible white spots or demineralization may appear on patients who have had braces or who have porous enamel, but this will usually disappear within 24 hours. The Cool White Smile process will not whiten crown, fillings, veneers or caps nor will it remove staining caused by antibiotics.

Exclusions for Treatment

(Please answer each of the following by selecting YES or NO)

___Yes___No Do you have allergies or reactions to either carbamide, peroxide, or glycerin.
___Yes___No Do you have existing tooth decay, periodontal disease, or gingivitis.
___Yes___No Are your photosensitive to light or are on any photosensitive drugs.
___Yes___No Are your pregnant? Are you expecting to become pregnant? Breastfeeding?
___Yes___No Are you over the age of 16. If you are under 18 you need parental signature.
___Yes___No Have you had oral surgery or extractions within the last month (30 days).
___Yes___No Are wearing a piercing or metal object(s) in the oral cavity. (Please remove, as they may turn black). We are unable to complete treatments otherwise.

IMPORTANT: After Care and Follow Up

For a minimum of 48 hours after the process, **please avoid consuming coffee, tea, dark colored soda, red wine, curry, beetroot, smoking, chewing tobacco and any other food or drink that would stain the teeth. A good rule of thumb is that if it would stain a white shirt it could stain your teeth**. If your teeth are sensitive you can use Sensodyne Toothpaste for immediate relief. Of course, we suggest that you brush and floss as directed by your dentist. There is no guarantee at to the longevity of results from this process as individuals and habits vary.

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Release

I understand that this treatment may involve risks of complications or injury from both known and unknown causes, and I freely assume those risks. Prior to receiving this treatment, I have been honest in revealing any condition, health or dental disorders that may affect this procedure or my health.

I consent and authorize a designated staff member of Advanced Laser Medspa* to perform the teeth whitening procedure on me. I understand this procedure does not replace regular dental checkups, brushing or flossing to maintain healthy teeth.

I am aware of alternative means of teeth whitening such as brightening toothpastes, teeth whitening trays or dental teeth whitening or choosing not to undergo this procedure. If I need clarification on this I will ask for further information. Alternatives have been explained to me. I understand that I have the right to refuse treatment at any point in this process which normally lasts 30 minutes.

I certify that I have read this entire consent, I understand and agree to the information provided in this form. A member of the Advanced Laser Medspa* staff has explained the process and nature of the procedure, alternative treatments, and the benefits that can be reasonably expected compared with alternative treatments. This document is a written confirmation of this discussion.

My questions have all been answered to my satisfaction. I have received written post instructions and information about this procedure. I agree to contact Advanced Laser Medspa within 24 hours if I experience and adverse effects and to return all phone calls and messages made or left by Advanced Laser Medspa and its staff.

I agree that this consent supersedes any previous verbal or written disclosures. This consent is valid for this treatment and whitening procedures in the future, though I acknowledge that fees may change for this procedure.

Signature of Patient or Guardian: _____ Date: _____

Technician Signature: _____ Date:_____

Office Use Only

Starting Shade: _____ End Result Shade: _____

Comments:

_____

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