

Tooth Whitening Consent Form

This **tooth whitening consent form** example ensures patients understand the procedure, risks, and aftercare involved. It helps document informed consent, promoting safety and clear communication between the patient and dental professional. Using this template can improve compliance and patient confidence before treatment begins.

Patient Information

Full Name:

Date of Birth:

Phone Number:

Procedure Description

Tooth whitening is a safe and effective cosmetic dental procedure designed to lighten the color of your teeth. The procedure may involve the use of professional bleaching gels and/or light activation.

Potential Risks and Side Effects

- Temporary tooth sensitivity
- Gum irritation
- Uneven whitening, especially with existing restorations
- In rare cases, allergic reaction to whitening agents

Aftercare Instructions

- Avoid coffee, tea, red wine, and other staining foods for at least 48 hours post-treatment.
- Follow all at-home care instructions provided by your dental professional.
- Maintain regular oral hygiene routines.

Patient Acknowledgment

- ☐ I have read and understood the tooth whitening procedure, its risks and aftercare.
- ☐ I have had the opportunity to ask questions and they have been answered to my satisfaction.
- ☐ I consent to proceed with the tooth whitening treatment.

Patient Signature:

Date: