

Dr. Uwe Esdar

BMed.Sci, BChD(Hons)(Pretoria); PDD(Stellenbosch); PDP(UWC)
Vertrauenszahnarzt des Deutschen Konsulats

Rose Avenue Dental Studio
16 Rose Avenue, Tokai 7945
Tel +27 21 712 1231
Fax 086 519 1450
Email dresdar@telkomsa.net
Emergency +27 72 782 5728

Milner House Dental Studio
1 Milner Road, Tamboerskloof, Cape Town 8001
Tel +27 21 424 1992
Fax 086 626 9802
Email uweesdar@telkomsa.net
www.capedentist.co.za



INFORMED CONSENT

Tooth Whitening

I _____ (undersigned) have had the complete procedure of tooth whitening explained to me and understand the following points:

1. The final tooth colour cannot be guaranteed but an increase in the whiteness of the teeth should be achieved by following the given procedure and after care. Some teeth are more difficult to lighten than others, especially teeth with Tetracycline staining (greyish bands across teeth), fluorosis (brownish spots/marks on teeth) or very thin enamel.
2. Please take note that no whitening result can be guaranteed.

This only applies to in office whitening

3. This procedure involves in-office whitening sessions with gingival isolation and the placement of a red chemically activated whitening gel on the tooth surface. The procedure takes between 60 – 90 minutes.
4. One of the most common side effects of any tooth whitening is sensitivity. This product used contains a desensitizing agent to help minimize any sensitivity. If any sensitivity does occur, it is usually very mild, and disappears within a few hours. Your dentist can supply an additional desensitizing gel like Ultra Eze to bring you relief straight away

This only applies to in office whitening

5. The treatment consists of 2 in-office whitening sessions, about 1 week apart. Each session should take about 1½ hours.
6. As mentioned before, no result is guaranteed, but if you follow your after care instructions, your whitening results can last 3-4 years. There is a 6 monthly touch-up option available that we can discuss further if you have a need for it in the future.
7. Remember that the consumption of food and drink causes discolouration on the surface of teeth. If you consume foods that could re-stain in the first 48 hours after the whitening, your results will not last as long as expected. (Anything that will stain a white shirt could stain your newly whitened teeth). You are strongly advised not to have staining foodstuffs for at least 48 hours after the treatment. (examples of such items are black tea, black coffee, red wine, soya sauce, tomato sauce, Worcester sauce, beetroot, raw carrots, curried foods etc)
8. Tooth coloured fillings known as composites, as well as laboratory manufactured porcelain crowns, bridges and veneers will not whiten with the treatment, and if you have these restorations on your front teeth, then some or all of these restorations may have to be replaced. We recommend waiting for a period of 10 days after the whitening procedure has been completed. This gives the new tooth colour time to settle. This is especially true for composite fillings on the front teeth, which usually discolour with time in any event. Please discuss further with your dentist before treatment starts.

This only applies to in office whitening

9. Should you, at any time experience undue sensitivity or pain during the procedure you should alert the hygienist/dentist conducting the procedure. In some instances the procedure will have to be terminated. In such a case, you will be able to continue with a take-home system and still obtain a good result. The product used is very safe and will not harm the teeth or change the structure of the teeth at all.
10. It is imperative that you visit the hygienist/dentist for a tooth cleaning a few days before your whitening treatment. This is essential in order to ensure that the tooth surfaces are clean and free of plaque and tartar, so that the whitening treatment has the maximum effect.
11. Full payment is due on completion of treatment.
12. Due to the unpredictability of the treatment in a small percentage of patients, a refund cannot be given if the treatment is abbreviated or not completed. However we will try an alternative option, if the desired results were not obtained. Generally we obtain excellent results and I am sure you will be very happy.

I understand the consent form. I accept the above and agree that the procedure and aftercare treatment was explained to me.

Signature of Doctor/Hygienist _____ Date _____ Signature of Patient _____