Cosmetic Teeth Whitening Consultation Form

Date: ….. /….. /…..

A. CLIENT INFORMATION

Name: ……………………………………………………………………………. Sex: M / F Date of Birth: ….. /….. /…..

Address: …………………………………………………… Town / City: ………………………… Post Code: …………………..

Telephone: ………………………………………… E-mail: ………………………………………………………………………………

How do you hear about Bright White Smiles?	Reason for teeth whitening? *E.g., wedding, holiday*	Are you aged 18 or older? ☐ Yes ☐ No

Please answer the following two sections as completely as possible. Any questions which you are unsure of will be covered in the consultation.

B. DENTAL HISTORY

Have you had any form of teeth whitening before? ☐ Yes ☐ No	When was your last visit to a dentist / hygienist?	*If yes, please provide details of any treatment performed:*

Please rate the sensitivity of your teeth to hot/cold: ☐ High ☐ Low ☐ Average ☐ None	Do you have any fillings? Front: ☐ Yes ☐ No Back: ☐ Yes ☐ No	Do you have any crowns / veneers / bridges? Front: ☐ Yes ☐ No Back: ☐ Yes ☐ No

Do your gums bleed when brushing or flossing? ☐ Yes ☐ No	Do you have any sores in your mouth? ☐ Yes ☐ No	Do you have any untreated dental issues or worn teeth? ☐ Yes ☐ No

Are your teeth discoloured due to trauma, medication or a genetic disorder? ☐ Yes ☐ No	Do you drink any of the following? ☐ Tea ☐ Red wine ☐ Coffee ☐ Dark soft drinks	Do you use tobacco products? ☐ Yes ☐ No

C. MEDICAL HISTORY

Are you, or suspect that you might be, pregnant or breastfeeding? ☐ Yes ☐ No	Are you allergic to: ☐ Latex? ☐ Peroxide, carbamide or glycerine? ☐ Other? *Please state:*

Have you any medical Conditions?

Are you taking any medication? Yes/No (if yes please list below)

D. **INFORMATION FOR CANDIDATES**

The safety and effectiveness of teeth whitening in general is very high. Like all cosmetic procedures, there are limitations and considerations (which will be discussed below). Success is variable and cannot be guaranteed.

E. **CONSIDERATIONS AND CONCERNS**

Problems that can occur in teeth whitening are generally infrequent, and are usually minor in nature. **Please read the following information. If you are concerned about these points please ask us before signing this consent form.**

1. Tooth Sensitivity – Sensitivity is usually mild, but can be worse in susceptible individuals and should normally subside in 24 hours. People with existing sensitivity, cracked teeth, cavities, leaking fillings may find these conditions increase or prolong sensitivity .
2. Gum and Soft Tissue Irritation – Protective materials are placed in the mouth to prevent this occurring. Occasionally the whitening gel may come in contact with soft tissues in which case they cause some temporary irritation and/or white spots which should resolve within 5 days.
3. Fillings and Other Dental Restorations – Tooth coloured fillings (composites), composite veneers/bondings, porcelain crowns, and/or porcelain veneers will not whiten evenly with your natural teeth or perhaps even at all. We may, however, be able to remove certain stains (e.g., tobacco) from the surface of these restorations.

F. **INFORMED CONSENT**

The information that I have provided on this form is accurate and complete to the best of my knowledge, information and belief. I certify that I have thoroughly read and understand the above information. I have had the opportunity to investigate the whitening procedure and I have had all of my questions answered to my satisfaction. With this understanding, I authorise the GDC Dentist to perform the whitening procedure on me.

Signature of client: ……………………………………………………………………………………. Date: ….. /….. /…..

Signature of whitening practitioner: ………………………………………………………….. Date: ….. /….. /…..

For completion by the whitening practitioner:

Shade - Before: ………………… ⇨ After: ………………….
Performed in: London
Deposit: £ ……….. Paid: £ ……... via: cash / card / voucher number: …………………………………………….
Patient Notes:

Batch number of gum dam and Gel:

expiry date of Gel:

Before and after photos

Client consents to having photo taken before and after procedure for BWS marketing purposes

YES/NO Please sign here if yes ……………………………………………………………….