

S C H M I D T
FAMILY & COSMETIC DENTISTRY

4963 MACKINAW RD., SAGINAW, MI 48603
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STANDARD INFORMED CONSENT

Dentist: _____
Patient: _____
Address: _____
Phone: _____

Home “teeth bleaching techniques” are designed to lighten dark or strained teeth. Patients apply an oxygenating or peroxide type material at home. While this material appears to be safe, because it’s use is relatively new (1989), unexpected problems may occur. Tooth sensitivity or tingling is the most common side effect. Soft tissue irritation may also occur. If a patient experiences these or other adverse symptoms, he/she should stop using the bleaching material, and consult his/her treating dentist.

Patients should also understand that the effect of bleaching and its duration may vary. While most teeth lighten to the extent desired, some do not. In some instances lightening is minimal or unapparent. In all instances, additional bleaching over time will be required to maintain the lightness originally obtained.

I have read and understand the above description of possible consequences of using home bleaching techniques. Being fully informed, I consent to and agree to use these techniques.

Patient Date Doctor Date

I consent to photographs being taken. I understand they may be used for illustration and for documentation of my treatment.

Patient Date Witness (Necessary) Date