



Whitening is a procedure that is designed to lighten the color of your teeth. When performed by a licensed professional and done properly, whitening should not harm your teeth or gums. Significant lightening can be achieved in the majority of cases, however particular *RESULTS CANNOT BE GUARANTEED*. Whitening, like any other procedure, has some inherent risks and limitations. Although these risks are seldom serious enough to discourage one from having his or her teeth whitened, they should be taken into consideration when deciding whether or not to have the procedure performed.

There are many variables that can affect the outcome of the procedure, such as the type of discoloration that affects your teeth, the degree to which you follow our instructions, and the overall condition of your teeth.

Who are the best candidates for whitening?

Almost anyone is a candidate for whitening. Experience shows that people with dark yellow or yellowish brown teeth sometimes achieve better whitening results than those with gray or bluish-gray teeth. Multi-colored teeth, especially if stained due to tetracycline, do not whiten as well. In addition, teeth with many fillings, cavities, chips, etc., are usually best treated through bonding, porcelain veneers, or porcelain crowns.

What types of whitening are available?

In-Office whitening: This process can be done in one visit, but may require two or more visits depending on how your teeth respond to the treatment. Each appointment should take between one and one & one-half hours. Due to the strong whitening gel used in this procedure, either a resin or a rubber shield must protect your gums. Once the gums are protected, the gel is applied to the tooth surface. In many cases, a special high intensity light will be used to further activate the gel. In-office whitening can also be done to lighten a tooth that has had a root canal. In this case, the tooth is whitened both from the inside and the outside.

The advantage of in-office whitening is that we do the work for you and you spend less overall time whitening your teeth. The disadvantages include some of the normal inconveniences associated with any dental treatment, such as having to keep your mouth open for the duration of the procedure and the possibility of increased costs as compared to take-home whitening.

Take-Home Whitening: This process can be done anywhere not just at home. It involves wearing a custom-made whitening tray that looks like a thin, transparent night guard. You fill the tray with a mild whitening gel. You then need to wear the gel filled tray for the specified period of time each day (per our instructions). This procedure must be continued over a period of time that generally extends from 2-4 weeks. We will check your whitening progress as necessary during the period you are using the whitening gel. The advantages of take-home whitening include convenience and possibly less cost. The disadvantages include the inconvenience of wearing the whitening tray and that your results will depend on your consistent use of the tray.

What are your responsibilities?

Keeping Your Appointments: When the in-office whitening is done, there seems to be more lightening when your appointments (if more than one) are spaced one to two weeks apart. If more than two weeks pass between appointments, some momentum is lost and you may lose some of the efficacy of the overall treatment.

Wearing your Whitening Tray: If you choose take-home whitening, it will only be effective if you consistently wear the tray for the prescribed number of hours per day.

Communication: If you experience severe discomfort or any other problems, contact us immediately.

Potential Problems

Tooth Sensitivity: During the first 24 hours following whitening many patients experience sensitivity. This sensitivity is usually mild unless your teeth are normally sensitive. With in-office whitening, this sensitivity will usually subside within 1-2 days. With take-home whitening, it may be necessary to reduce the number of hours you wear the tray or stop using it for a short time to resolve the sensitivity.

However, if your teeth are normally sensitive, whitening may make your teeth much more sensitive for an extended period of time. Under these circumstances, you may choose to delay whitening until we are able to complete desensitization procedures. If your teeth are sensitive after whitening, a mild analgesic such as Tylenol or Advil will usually be effective to make you more comfortable until your teeth return to normal.

Gum Irritation: Whitening may cause temporary inflammation of your gums. With inoffice whitening, this can be the result of very small amount of gel leaking under the gum protection. A burning sensation in your gums may also occur. This is a minor problem and will subside within a few days.

With take-home whitening, irritation can result from using the whitening tray too many hours when you first start whitening or using the tray too many hours in a row without a break. It may be necessary for you to reduce the number of hours you are wearing the tray or stop using it for a short time to resolve these gum problems. The tray may also overlap your gums, allowing the gel to contact your gums for an extended period. This problem can be resolved by returning to this office so that we can trim the tray to a position slightly short of your gums.

Sore Throat: Most take-home whitening gel is very thick and will not run down your throat if you overload the tray with gel. However, if your gel is lower in viscosity, the excess may go down your throat and cause soreness. This soreness will subside in several days. In the event that you feel gel in your mouth or throat, spit out the excess gel instead of swallowing it.

Leaking Fillings or Cavities: Most whitening is indicated for the outside of the teeth (unless you already had a root canal). However, if you have any fillings that are leaking and the gel gets into the inside of the teeth, damage to the nerves of the tooth could result. In this case, the fillings need to be redone prior to the whitening. In addition, open cavities can also allow gel to reach the nerves of the teeth. All cavities should also be filled before whitening.

Cervical Abrasion/Erosion: These conditions affect the roots of the teeth when gums recede. They are the grooves, notches or depressions where the teeth meet the gums that generally look darker than the rest of the teeth. They look darker because there is no enamel in these areas. Even if these areas are not sensitive, the whitening gel can potentially penetrate the teeth and damage the nerves. These areas should not be whitened and should be filled after the whitening is complete.

Root Resorption: This is a condition where the root of a tooth starts to dissolve either from the inside or outside. Although the cause of resorption has not been determined, studies have shown that its incidence is higher in teeth that have had a root canal and are then whitened.

Effects on Fillings: Even though open cavities or badly leaking fillings should be refilled prior to whitening, take-home whitening can cause tooth-colored fillings to become softer and may make them more susceptible to staining. Therefore, you should be prepared to have any fillings in your front teeth replaced after whitening. In addition, since whitening will normally lighten teeth, but not fillings, you may need to have your fillings replaced, so that they will match your newly whitened teeth.

Completion of Treatment

Whitening Level: There is no reliable way to predict how light your teeth will whiten. With in-office whitening, one to two sessions are usually necessary to significantly whiten your teeth. With take-home whitening, two to four weeks of wearing the tray daily for the prescribed number of hours will give you much lighter teeth. We do not recommend home whitening longer than four weeks, unless you have severe tetracycline staining.

Special Consideration: The Zoom! In-Office Whitening System uses a light source that emits ultraviolet light in the UVA range. Although the output is less than half of the typical UVA exposure of commonly used facial and full body tanning units, the procedure incorporates significant protective and precautionary measures. Our office is required to follow comprehensive directions for use supplied by the light manufacturer. None the less individuals undergoing PUVA therapy (Psoralen & UV Radiation) or other photo-chemotherapy, as well as those with melanoma should consult their physician prior to treatment. Patients taking any light sensitive drugs should also consult with their physician regarding possible photoreaction.

PHOTOREACTIVE DRUGS: (Please check any of the following medications that you are taking)

Chlorothiazide (Aldoclor, Diupres, Diuril)

Sulindac

Tetracycline

Isotretinoin

Doxycycline (Vibramycin, Doryx)

Ofloxacin (Floxin)

Psoralens (Methoxsalen, Trisoralen)

Democloxyline (Declomycin)

Piroxicam (Feldene)

St. John's Wart

Norfloxacin (Chibroxin, Noroxin)

Sparfloxacin (Zagan)

Tretinoin

Oxaprozin (Daypro)

Ciprofloxacin (Cipro)

Nabumetone (Relafen)

Hydrochlorothiazide (Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril, Lopressor, Orotic, Moduretic)

Chlorthalidone (Combipres, Tenoretic, Hygroton)

Naprosyn (Naproxen)

Patient Name

First Name:

Last Name

Signature