**TEETH WHITENING TREATMENT PATIENT INFORMATION AND CONSENT FORM**

**What you need to know**

Since there is a difference between individuals in terms of their healing potential, the healing potential of a person cannot be predicted before the procedure. Since the treatment to be applied to you may fail in some cases, it may need to be repeated and the result of the treatment cannot be guaranteed. You should give your physician detailed information about your physical and mental health to the best of your knowledge. You should also inform your doctor about any previous allergic reactions to medication, food, anaesthetic substances, pollen or dust; systemic diseases; skin and gum reactions; tendency to abnormal bleeding and other conditions related to your general health.

Tooth whitening is the removal of yellowing, darkening and stains on the teeth by means of tooth whitening agents (gels) applied to the surface of the teeth without abrading the teeth or coating them with another artificial substance. Teeth whitening treatment is a chemical process and does not cause any abrasion or physical damage to the structure of the teeth.

Action to be performed: ……………………………………………………………………………………………………………………………………………………………………….

**Interventional Risks, Recommendations and Complications**

- Sensitivity may occur during or after the teeth whitening process. This sensitivity passes spontaneously within 1-2 days.

-If necessary, painkillers can be used on the first day after the procedure.

-In the first 1-2 days after the procedure, excessively cold or hot drinks and foods may cause sensitivity in the teeth.

-After the whitening process, the teeth may appear more opaque due to water loss in the teeth. Within 1 week, this water loss in the teeth will recover and the teeth will look more natural and transparent.

-White spots may occur where the bleaching gel touches the gums, cheek and lip. These white spots and stains will disappear spontaneously within 1-2 days.

-The procedures applied during treatment may continue for several sessions, but the desired success may not always be achieved. The determinant here is the response of your tooth structure to the whitening process.

-If you do not follow the recommendations and prohibitions regarding eating and drinking, smoking, oral hygiene, the effect and permanence of the whitening process may decrease, and your teeth may return to their old colour in a short time.

-The permanence of the whitening process will last longer in patients who come to their regular 6-month check-ups, follow the eating and drinking rules for the first 1-2 weeks, give sufficient importance to oral hygiene and do not consume excessive tea, coffee and cigarettes.

I am. .............................................................. , I accept the treatment to be applied by the physicians of Clinic Nişantaşı Oral and Dental Health Polyclinic as I am of sound mind. The treatment options that can be applied for the treatment of my discomfort have been presented to me. I consent to the administration of all necessary medications and interventions during the fulfilment of the treatment option I have chosen for the treatment of my condition. I have given all information about my general health condition and I have been informed about the problems that may arise due to this condition. I agree to fully comply with the recommendations of the doctors and I know that otherwise my treatment may result in failure. I consent to the use of the information to be obtained during my examination and treatment with other scientific institutions or for education (provided that it complies with patient rights and ethical principles) for research for the development of science.

**I HAVE READ THIS FORM AND UNDERSTAND ALL THE TERMS AND WORDS IN IT.**

Date:

(Please write in handwriting: I have read, I understand, I accept.)

………………………………………………………………………………………………………………………………………………………………………………………………..

**Signature:**

**Signature:**

**Signature:**

**Patient's Name-Surname:**

**Patient's Parent/Guardian Name-Surname:**

**Physician Name-Surname:**