



**BOUTIQUE**  
WHITENING

**INFORMED CONSENT FORM**  
**BOUTIQUE WHITENING TREATMENT**

## **INTRODUCTION**

This information has been given with the intention that you can make an informed decision about having your teeth whitened using the Boutique Whitening system. There is no time limit by which you must make a decision to have this treatment done and sign and return this form. You have the right to ask any questions about any part of the procedure before, during or after undergoing tooth whitening using Boutique Whitening.

## **PRODUCTS**

The active ingredient in Boutique Whitening By Day is Hydrogen Peroxide. The active ingredient in the Boutique Whitening By Night range of kits is Carbamide Peroxide. The Hybrid Pro kit contains both Hydrogen Peroxide and Carbamide Peroxide.

The active ingredients described break down very rapidly to form water and oxygen ions. The whitening process essentially involves the oxygen breaking down the double carbon bonds that are the source of most colouring or staining in teeth. The take home whitening procedure that you will be using is designed to lighten the colour of the teeth using the peroxide gel in a custom fitted tray worn over the teeth.

The Boutique Whitening By Day should be worn for at least 1.5 hours a day.

The Boutique Whitening By Night and Hybrid Pro should be worn for at least 4 hours or overnight.

## **INSTRUCTIONS FOR USE**

Please see the insert for full instructions on how to use the kit, contraindications and hazard and allergy information. Do not use if you are allergic to any of the ingredients, or if you are pregnant.

## **ALTERNATIVE TO WHITENING**

You fully understand that you may decide at any time not to proceed with whitening treatment at all. However, should you decide to undergo take-home teeth whitening, you understand there are alternatives for whitening teeth such as toothpastes and other over-the-counter treatments.

## **COST**

You understand that the cost of your Boutique Whitening treatment is determined by your dental professional who will inform you if there are any other costs associated with your treatment, such as replacement fillings and crowns should they be required.

## **RISKS OF CONSENT FOR TREATMENT**

You understand that almost all natural teeth can benefit from whitening treatments and significant whitening can be achieved in most cases using the standard Boutique Whitening Kit and custom trays. You further understand however, that Boutique Whitening treatment results may vary or regress due to a variety of circumstances.

You understand that take-home whitening treatments are considered safe by most dental professionals, and as the profession as a whole. Research indicates that using peroxides to whiten teeth is safe. You understand that although your dental professional has been trained in the proper use of Boutique Whitening, the treatment carries some minimal risks due to prolonged use of peroxide solutions. You understand that some of the potential complications of this treatment include, but are not limited to:

## **TOOTH SENSITIVITY/PAIN**

During the whitening treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Symptoms should subside within 1-3 days. People with existing sensitivity, gum recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity, or allow penetration of the gel into the tooth, may find that those conditions increase or prolong tooth sensitivity after treatment.

Brushing with Boutique Biomin toothpaste for 2 weeks before, and throughout your whitening treatment is clinically proven to alleviate sensitivity. You can also use an SLS free toothpaste such as Sensodyne in the whitening trays for 30 minute periods before or after whitening to help reduce sensitivity.

## **EXISTING RESTORATIONS**

You understand that Boutique Whitening treatments are not capable of lightening artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials.

Teeth with multiple colourations, bands, splotches or spots due to tetracycline use, orthodontics, fluorosis, or brown spots do not whiten very well and may need multiple treatments. In some cases these may not whiten at all. You further understand that teeth with fillings may not lighten and are usually best treated with other alternatives, possibly restorative options that your dentist can discuss with you. You understand that provisional or temporary restorations made from acrylic based materials may become discoloured after Boutique Whitening treatment and need replacing.

If you have white fillings on your front teeth, these will begin to look more yellow or grey as your natural teeth get whiter. These will need to be replaced, however, you will need to wait for at least 2 weeks after you finish your last course of whitening to do this.

## **GUM/LIP/CHEEK INFLAMMATION**

Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel for a prolonged period of time. The inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel. This is extremely unlikely given the low peroxide content of the gels we use.

## **CAVITIES OR LEAKING FILLINGS**

Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking are present, allowing gel to penetrate the tooth could result in significant pain. If any teeth have these conditions then the fillings must be re-done before undergoing the whitening treatment.

## **CERVICAL (ROOT) ABRASION/EROSION**

These are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and depressions that appear darker than the rest of the teeth, where the teeth meet the gums. Even if these areas are not currently sensitive, they can be sensitive when whitening gel is applied.

## **ROOT RESORPTION**

This is a condition where the root of the tooth starts to 'dissolve' either from the inside or outside. Although the cause of this is still uncertain, there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by internal whitening procedures. This is a rare occurrence.

## **RELAPSE**

After whitening treatments, it is natural for the teeth that undergo the treatment to slowly regress in shade. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to curries, red wine, black coffee and tea and smoking. The results of the whitening are not intended to be permanent and continuation of take-home treatments will be needed for maintenance of a whiter smile.

## **SMOKING**

It is advisable to stop smoking for a few weeks before whitening if possible. Smoking will affect the colour of your teeth, very quickly causing them to darken after treatment.

The safety, efficacy, potential complications and risks of the Boutique Whitening treatment have been explained by your treating dental professional and you understand that more information can be provided on request. Since it is impossible to state every complication that may occur as a result of this treatment, the list of complications in this form is not exhaustive.

After treatment keep your whitening trays in a safe place, so that they can later be used for top up and maintenance in the future. You will require top-ups every 6 to 12 months depending on habits. You will also need a dental examination prior to maintenance treatment.

The basic procedures of Boutique Whitening treatment, advantages, disadvantages, risks, known possible complications and alternative treatments have been explained to me by my dental professional who has answered all my questions to my satisfaction.

**SIGNATURES - CONSENT TO TREATMENT**

In signing this, I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the Boutique Whitening treatment, and that I agree to undergo the treatment as described by my dental professional.

Patient Signature

Dentist Signature

Patient Print Name

Dentist Print Name

Date

Date

**CONSENT TO USE PHOTOGRAPHS**

By signing here I indicate that I will allow photographs of my teeth only (no full face pictures) to be used for education and marketing purposes on print media and social media by the above signed dentist.

Patient Signature

Dentist Signature

Patient Print Name

Dentist Print Name

Date

Date

By signing here I indicate that I will allow my full face photographs to be used for education and marketing purposes on print media and social media by the above signed dentist.

Patient Signature

Dentist Signature

Patient Print Name

Dentist Print Name

Date

Date



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