



Consent to Teeth Whitening

I _____ was informed by a dentist at the Dent-lux Clinic that:

1. The technology is based on the use of a gel with a high content of carbamide peroxide. When activated, active oxygen is released, which destroys the enamel pigments. I certify that I am not allergic to this ingredient.
2. I understand that the advantage of clinical whitening is that teeth can be whitened relatively quickly in a simple way.
3. I am aware that the risk lies in the prolonged use of the peroxide solution for a long period of time, which can lead to the appearance of teeth sensitivity, both at the time of the whitening procedure, and persist afterwards for no more than a week.
4. The degree of sensitivity of all patients is individual and the doctor cannot predict it.
5. If the teeth become sensitive during the whitening process, it is necessary to apply a desensitizing toothpaste (Sensitive) or patented desensitizing agent/fluoride gel into the tray and to put on the tray overnight.
6. The long-term effects of treatment are not yet known; they are individual for each patient.
7. The degree of whitening is individual, the doctor cannot predict the final result of whitening. If I am dissatisfied with the result, I will not make a claim to the doctor and clinic.
8. It is recommended not to smoke during the course of the whitening treatment, at least 3-4 weeks.
9. I understand that you cannot use whitening treatment if you are pregnant or breastfeeding. No side effects have been reported, but the results of long-term clinical trials are not known.

I agree to the treatment and take responsibility for all the risks described above.

I agree to be photographed. I understand that photographs can be used to document and illustrate my treatment.