CONSENT FORM · COSMETIC

Consent for Teeth Whitening

Please read this form carefully. It explains the treatment we have recommended, its benefits, risks and alternatives, so you can make an informed decision. Take as long as you need and ask us anything. You may change your mind at any time before or during treatment.

PATIENT FULL NAME

DATE OF BIRTH

PATIENT NUMBER

TOOTH, TEETH OR AREA

TREATING CLINICIAN

DATE

SECTION 1

About your treatment

Teeth whitening gently lightens the natural colour of your teeth using a prescribed gel. In the UK it can only be provided by, or on the prescription of, a registered dentist, and only for adults over 18.

Whitening uses a peroxide gel to lighten stains within the enamel and dentine. UK law allows a dentist to prescribe products containing up to 6% hydrogen peroxide, and only for patients over 18. Products bought online or offered by people who are not dental professionals may be unsafe or illegal.

We offer home whitening with custom made trays you wear for a set time each day, and advanced whitening (an Enlighten style system), which combines a period of home whitening with a supervised appointment in the clinic. We check your teeth and gums first, because whitening only works safely on a healthy mouth. Fillings, crowns, veneers and bonding will not change colour.

What happens

STEP	WHAT IT INVOLVES
1. Consultation and check up	We examine your teeth and gums, discuss your goals and check that whitening is suitable and safe for you.
2. Hygiene if needed	Any gum problems, decay or heavy staining are treated first so the gel works evenly and safely.
3. Shade record and photos	We record your starting shade and take photos so you can see your progress.
4. Scans for custom trays	We take a 3D scan of your teeth to make thin, close fitting trays that hold the gel against your teeth.
5. Home whitening	You wear the trays with a small amount of gel for the time we prescribe, usually over two to four weeks.
6. Advanced whitening appointment	If you choose advanced whitening, we complete a supervised session in the clinic after the home phase.
7. Review	We check your new shade, answer questions and plan any changes to fillings or bonding to match.

SECTION 2

Expected benefits

- A brighter, more even smile using your own natural teeth.
- No drilling or removal of tooth structure.
- Custom trays can be kept and used for occasional top ups.
- Prescribed and supervised by a dentist, using legal strength products.
- Can be a helpful first step before bonding or veneers, so new work matches a lighter shade.

SECTION 3

Risks and possible complications

Every treatment carries some risk. These are the risks we believe are important for you to know about. Your dentist will explain any that apply particularly to you.

RISK	WHAT IT MEANS	HOW LIKELY
Tooth sensitivity	Short, sharp twinges, especially to cold, are common during whitening. They usually settle within a few days of stopping. We can reduce the strength or frequency and give a desensitising gel.	Common

RISK	WHAT IT MEANS	HOW LIKELY
Gum irritation	Gel touching the gums can cause white patches or soreness. This is common and usually settles within a day or two. Trimmed trays and careful gel use reduce it.	Common
Existing restorations will not whiten	Fillings, crowns, veneers and bonding stay the same colour. They may look darker against whitened teeth and may need replacing at extra cost if you want them to match.	Common
Uneven or limited result	Some teeth, such as those with deep grey staining, white spots or a root filling, respond less or unevenly. Results vary and no particular shade is guaranteed.	Uncommon
Relapse	Teeth gradually darken again over months to years, faster with tea, coffee, red wine and smoking. Occasional top ups are usually needed.	Common
Temporary white patches	Chalky spots can appear during treatment as enamel dries out. These usually fade over a few days.	Uncommon
Throat or stomach irritation	Swallowing excess gel can cause mild irritation. Using only a small amount and wiping away the excess helps prevent this.	Uncommon
Jaw discomfort from trays	Wearing trays can cause mild jaw or tooth aching in some people. Shorter wear times usually help.	Uncommon

Common means it may affect more than 1 in 10 people. Uncommon means between 1 in 100 and 1 in 10. Rare means fewer than 1 in 100.

SECTION 4

Alternatives, including no treatment

- **No treatment**: your teeth stay their current shade. This is a cosmetic treatment with no health need, so not whitening carries no risk to your oral health.
- Professional hygiene or Guided Biofilm Therapy to remove surface stains only, which may brighten your smile without changing the natural colour.
- Whitening toothpastes, which remove some surface staining but do not change the inner colour of teeth.
- Composite bonding or porcelain veneers, which cover the front of the tooth but involve more treatment and maintenance.

SECTION 5

Costs

ITEM	GUIDE FEE
Cosmetic smile consultation	£150
Custom whitening trays	£150
Professional whitening kit, gel and custom trays	£475
Advanced whitening	£875
Whitening gel top-up	£250

YOUR ESTIMATED TOTAL (FROM YOUR WRITTEN PLAN) £

PLAN REFERENCE

ESTIMATE VALID UNTIL

Fees are confirmed in your written treatment plan. If anything changes during treatment that affects the cost, we will discuss it with you first.

SECTION 6

Anaesthetic and sedation

☐ Local anaesthetic ☐ No anaesthetic needed ☐ Inhalation sedation ☐ IV sedation

If sedation is planned you will also sign a separate sedation consent form and receive written sedation instructions.

SECTION 7

Your consent

Please initial each statement you agree with.

I understand that I must be over 18 and that the gel contains no more than 6% hydrogen peroxide, as allowed in the UK.	☐
I understand that sensitivity and gum irritation are common and usually temporary.	☐
I understand that fillings, crowns, veneers and bonding will not whiten and may need replacing at extra cost to match.	☐
I understand that results vary, that no particular shade is guaranteed, and that teeth gradually darken again over time.	☐
I understand that I must follow the wear times I am given and not use more gel than prescribed.	☐
I understand that I should tell the clinic if I am pregnant or breastfeeding, as whitening will be postponed.	☐
I have been told about the alternatives, including no treatment, and have had the chance to ask questions.	☐
I have read this form and the information leaflet, or had them read to me, and I understand them.	☐
I have had enough time to consider my options, and my questions have been answered to my satisfaction.	☐
I understand the alternatives, including no treatment, and the material risks that apply to me.	☐
I understand the costs set out in my written treatment plan.	☐
I understand that if something unexpected is found, my dentist will stop and discuss it with me unless stopping would put my health at risk.	☐
I understand I can withdraw my consent at any time, and that results vary and no outcome can be guaranteed.	☐
I agree to clinical photographs, scans and X-rays being taken for my dental records.	☐

SECTION 8

Signatures

Patient. I agree to the treatment described on this form.

PATIENT SIGNATURE | PRINT NAME | DATE

Parent or guardian (if the patient is under 16, or lacks capacity and you hold legal authority).

SIGNATURE | PRINT NAME | RELATIONSHIP TO PATIENT | DATE

Interpreter (if used). I have interpreted the information on this form to the best of my ability.

INTERPRETER SIGNATURE | PRINT NAME AND LANGUAGE | DATE

Clinician. I have explained the treatment, the intended benefits, the material risks, the reasonable alternatives including no treatment, and the costs. I have given the patient time and opportunity to ask questions, and I believe they understand.

CLINICIAN SIGNATURE | PRINT NAME | GDC NUMBER | DATE

CONFIRMATION ON THE DAY OF TREATMENT

If you signed this form at an earlier appointment, we will check with you on the day that nothing has changed and that you still wish to go ahead.

PATIENT SIGNATURE	CLINICIAN SIGNATURE	DATE	TIME

Questions or second thoughts? Call 01932 507650, WhatsApp 07835 798 611 or email hello@lusso.dental. A copy of this signed form is kept in your records and a copy is given to you.