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**Comprehensive Family Dentistry**

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**HOME BLEACHING INFORMATION, INSTRUCTIONS AND INFORMED CONSENT**

HOME BLEACHING appears to be a safe and effective way to lighten the color of most teeth. It has been used effectively and safely since early 1989. We do not have long term information about the agent being used as a bleach but the agent has been available for oral use for many years. It is not FDA or other Federal agency approved for use as a bleaching agent; however we are unaware of any regulations requiring approval at this time.

HOME BLEACHING has few side effects. A reversible burning or soreness of the soft tissues of the mouth, the gums and mucosa, may occur. Some restorative materials, especially older tooth colored fillings may roughen. Some patients have complained of greater tooth sensitivity to temperature and sweets or a mild sore throat. Since the technique requires the use of trays some people have developed sore jaw joints. Most of these symptoms are reversible and dose dependent; that is, they tend to go away after decreasing the amount of time spent bleaching. Sometimes the bleaching must be totally stopped. PLEASE NOTE: ANY PRESENT TOOTH COLORED RESTORATIONS WILL NOT BLEACH AND MAY APPEAR DARKER AFTER THE BLEACH NECESSITATING REPLACEMENT FOR EXCELLENT SHADE MATCHING.

THE TECHNIQUE: We will fabricate plastic trays which will fit tightly to your teeth. We will dispense a bleaching solution and show you how to place it in the trays. You will wear the trays for one or two hours daily. The bleaching time varies greatly, usually 1-2 weeks. Teeth with stains of age, yellow/brown, usually bleach the most. Blue/gray teeth usually do not lighten as well. We will monitor the color change with shade tabs and/or photographs on a regular basis. Usually, we bleach the teeth to one shade lighter than desired as the teeth usually regain some color when bleaching is discontinued. Over time you may need to bleach the teeth again to restore their brightness. Retain your trays and this will be easy and inexpensive.

CONTINUING CARE: As with any dental procedure, monitoring in our office is vital. Routine cleanings and examinations must be kept to monitor any possible side effects from the bleaching and to maintain good oral health. It is the patient's responsibility to schedule and complete normal follow up appointments.

I have read and understand the above information. I wish to attempt to lighten the color of my teeth and accept the risks of subsequent harms, if any. I will maintain appropriate visits to monitor the progress of the bleach. I have asked and have had answered to my satisfaction any questions I might have. I understand Dentistry is not an exact science, that I am a unique individual and that no guarantees or warranties have been made.

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Signature of Patient or person authorized to consent for patient

Date

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Witness

Date