Teeth Whitening Consent

Consent and screening for cosmetic teeth whitening with LED-activated peroxide or non-peroxide gels in salons and spas

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Details

Whitening system *

- [ ] Hydrogen / carbamide peroxide gel with LED
- [ ] Non-peroxide gel with LED
- [ ] Take-home kit

Current tooth shade (practitioner to note) *

- [ ] Light
- [ ] Medium
- [ ] Dark / Yellow
- [ ] Gray / Tetracycline-type staining

Have you whitened your teeth before? *

- [ ] Yes
- [ ] No

If yes, did you have sensitivity or gum irritation?

Dental & Health Screening

Do you have crowns, veneers, bonding, or fillings on your front teeth? *

- [ ] Yes
- [ ] No

Do you have untreated cavities, cracked teeth, exposed roots, or gum disease? *

- [ ] Yes
- [ ] No

Do you currently wear braces? *

- [ ] Yes
- [ ] No

Do you have sensitive teeth or gums? *

- [ ] Yes
- [ ] No

Are you allergic to peroxide, PVC, or plastics? *

☐ Yes ☐ No

Are you pregnant or breastfeeding? *

☐ Yes ☐ No

Do you take photosensitizing medication or have a light-sensitive condition (e.g., lupus, epilepsy triggered by light)? *

☐ Yes ☐ No

Have you had dental surgery or extraction in the last 2 weeks? *

☐ Yes ☐ No

Current medications

Risks & Complications

Possible effects:

- Tooth sensitivity to hot and cold for 24–72 hours (common)
- Gum irritation or temporary white patches on gums where gel contacts them
- Uneven results — crowns, veneers, fillings, and bonding do not change color; gray or tetracycline stains respond poorly
- Temporary spots or streaks that even out within days
- Lip or cheek irritation from the retractor or light
- Results vary by starting shade, diet, and habits; results last from a few months to a year and touch-ups are needed

This is a cosmetic service, not dental treatment. Avoid coffee, tea, red wine, tobacco, and colored foods for 24–48 hours after whitening.

I understand that whitening is a cosmetic service and not a substitute for dental care, that existing dental work will not change color, and that the degree of whitening and how long it lasts vary and are not guaranteed.

I understand this is a cosmetic service and results vary: _____

I confirm that I have no untreated dental problems, braces, or conditions that make whitening unsafe, and that I have answered the screening questions truthfully.

I have disclosed my dental and health history: _____

Service Log

For office use only

	Date	Shade before	Product / Sessions / Time	Shade after / Notes
Entry 1				

	Date	Shade before	Product / Sessions / Time	Shade after / Notes
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to cosmetic teeth whitening. I have been informed of the possible side effects, including sensitivity, gum irritation, and uneven results, and the aftercare. I understand no guarantee of outcome has been made. I release the provider and practice from liability related to this service except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above and consent to the service: _____

Signature

Date

Print name

Date *

MM / DD / YYYY