



INFORMED CONSENT FORM FOR DAVINCI TEETH WHITENING TREATMENT

INTRODUCTION

This information has been given to me so that I can make an informed decision about having my teeth whitened. I may take as much time as I wish to make my decision about signing this informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. Spa In The City has informed me that my teeth are discolored and could be treated by in-office whitening (also known as “bleaching”) of my teeth.

DESCRIPTION OF THE PROCEDURE

Davinci teeth whitening an in-office teeth whitening procedure designed to lighten the color of my teeth using a combination of a hydrogen peroxide gel and a specially designed ultraviolet lamp. The Davinci treatment involves using the gel and lamp in conjunction with each other to produce maximum whitening results in the shortest possible time. During the procedure, the whitening gel will be applied to my teeth and my teeth will be exposed to the light from the Davinci lamp for three (3), 20 minute sessions. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open and the soft tissues of my mouth (i.e. my lips, gums, cheeks, and tongue) will be covered to ensure they are not exposed to either the light or the gel. Lip balm (SPF rating 30+) may also be applied as needed and I will be provided with an ultraviolet light filter for my eyes. After the treatment is completed, the retractor and all gel and tissue coverings will be removed from my mouth. Before and after the treatment, the shade of my upper-front teeth will be assessed and recorded.

ALTERNATIVE TREATMENTS

I understand that I may decide not to have the Davinci treatment at all. However, should I decide to undergo the treatment, I understand there are alternative treatments for whitening my teeth for which Spa In The City can provide me additional information. These treatments include: whitening toothpastes/gels, take-home whitening kits and other in-office whitening treatments.

RISKS OF TREATMENT

I also understand that Davinci treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from Davinci whitening treatments and significant whitening can be achieved in most cases. I understand that Davinci whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials and that people with gray or bluish-gray teeth. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use or fluorosis do not whiten as well, may need multiple treatments or may not whiten at all. I understand that teeth with many

fillings, cavities, chips or cracks may not lighten and are usually best treated with other non-bleaching alternatives. I understand that provisionals or temporaries made from acrylics may become discolored after exposure to Davinci treatment.

I understand that Davinci treatment is not recommended for pregnant or lactating women, light sensitive individuals, patients receiving PUVA (Psoralen + UVA radiation) or other photo chemotherapeutic drugs or treatment as patients with melanoma, diabetes or heart conditions. I understand that the Davinci lamp emits ultraviolet radiation (UVA and UVB) that patients taking any drugs that increase photosensitivity should consult with their physician before undergoing Davinci treatment.

I understand that the results of my Davinci treatment cannot be guaranteed.

I understand that in-office whitening treatments are considered generally safe by most professionals. I understand that although the staff at Spa in the City has been trained in the proper use of Davinci whitening system, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

Tooth Sensitivity/Pain- During the first 24 hours after Davinci treatment, many patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain following a Davinci treatment subsides after a few days, but it may persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces and occlusal wear facets (severely worn teeth), damaged or missing enamel, 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 or pain after Davinci treatment.

Gum/Lip/Cheek Inflammation- Whitening may cause inflammation for your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel or the ultraviolet light. 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 or ultraviolet light.

Dry Chapped Lips- The Davinci treatment involves three 20-minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, petroleum jelly or vitamin E cream.

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 and allowing gel to penetrate the tooth are present, significant pain and damage to the tooth could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing Davinci treatment.

Cervical Abrasion/Erosion- These are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and or depressions, that appear darker because they lack the enamel that covers the rest of the teeth. Even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity, pain and possible damage to the nerve. I

understand that if my teeth have these conditions, I should not undergo the Davinci treatment.

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, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

Relapse- After the Davinci treatment, it is natural for teeth that underwent the Davinci treatment to regress somewhat in their shading after the treatment. This is natural and should be very gradual, but it can be accelerated by exposing teeth to various staining agents. Treatment usually involves wearing a take-home tray or repeating the Davinci treatment. I understand that the results of the Davinci treatment are not intended to be permanent and secondary, repeat or take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

I understand that after all treatment; I will be required to refrain from consuming any substances that could discolor my teeth for the first **48 hours** after treatment. These substances include: coffee, tea, colas, **ALL** tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces. I understand that there are other substances that could discolor my teeth which I should avoid during the first 48 hours after treatment. If I have any questions regarding such substance, I understand that I can discuss its stain potential with Spa In The City.

The safety, efficacy, potential complications and risks of the Davinci treatment can be explained to me and I understand that more information on this will be provided to me upon my request. Since it is impossible to state every complication that may occur as a result of the Davinci treatment, the list of complications in this form is incomplete.

The basic procedure of Davinci treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me and all of my questions have been answered to my satisfaction.

In signing this informed consent 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 Davinci treatment and that I agree to undergo the treatment as described.

SIGNATURES

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give permission for Davinci treatment to be performed on me.

Patient's Signature

Date

Patient's Name (Printed)

Date

Specialist Signature

Date