D E C L A R A T I O N

OF INFORMED CONSENT OF THE PATIENT
RELATING TO IN-OFFICE TEETH WHITENING
THROUGH PHOTOACTIVATION DEVICE BLUEDENT 12BL / BLUEDENT PRO WHITE

I, the undersigned ……

EGN …… ID ……..issued on……by……

Address: city……str.……tel…….

DECLARE:

I have been informed by Dr.…….. about the condition of my chewing apparatus, the color of my teeth registered by it and the nature of the staining on them. The possibilities for whitening my teeth, the diagnostic and cosmetic activities necessary for this and their sequence were explained to me..

1. Expected benefits

Expected improvements after whitening – change in tooth color, satisfying the aesthetic requirements of the patient.

2. Possible risks

A) Foreseeable risks – not achieving the desired whiteness of the teeth.

B) Possible side effects – when using the device in accordance with the Instructions for Use, no side effects are expected that would affect the general condition of the patients.

Increased tooth sensitivity, gingival irritation can be expected - usually subsides quickly.

C) Contraindications – The device should not be used in:

Pregnant and nursing mothers, patients under 18 years of age, in the presence of severe periodontal pathology with recessions, dental hyperesthesia, patients with allergies, the presence of wounds and infections, fresh scars on the face, recently placed dental implants or surgical procedures in the oral cavity and face, fibrotic conditions, herpes, bleeding, bruises, burns, oncological diseases or indications for such on the face and oral cavity, atypical warts in the irradiation area, difficult-to-heal wounds, patients taking painkillers that dull the skin's sensitivity to heat, persons under the influence of alcohol or narcotic substances.

D) The device can only be used after consulting a specialist doctor regarding the following cases:

Persons suffering from photobiological reactions, persons taking photosensitive medications, persons with allergies, persons who have recently undergone cosmetic surgery on the face or lips, including hyaluronic acid or Botox injections, persons with very white and sensitive skin. If photosensitizing agents or medications are taken, check the package insert of the medication and do not perform teeth whitening if it is indicated that it may cause photoallergic reactions (if after taking the medication it is required to avoid sun exposure).

3. Preparing the patient before photoactivation with the device

3.1 Applying vaseline to the lips and the area around them.

3.2 Placing a retractor and a protective napkin that protect the patient's lips and face, respectively.

3.3 Putting on protective glasses provided by the manufacturer of the photoactivation device.

3.4 Placement of a gingival barrier to protect the gums and its polymerization.

3.5 Application of the whitening gel.

3.6 Selection of the mode (depending on the patient - at the discretion of the dentist) and start of the whitening procedure.

3.7 During the whitening, the patient must be under continuous observation. The dentist monitors the process and the patient's reaction (pain or thermal discomfort) and, if necessary, adjusts the distance of the device to the teeth, light intensity, irradiation time - it is possible to take periodic breaks and even discontinue the procedure, if necessary.

Following this protocol will reduce the likelihood of: pain, hypersensitivity, enamel damage, soft tissue burns, freckles, pigmentation, stains, etc.

4. Sequence of the process

4.1 Determination of the color of the teeth before whitening (registered with VITA shade).

4.2 Professional cleaning of external stains (clinical prophylaxis).

4.3 Placing patient protection (described in point 3).

4.4 Applying the whitening gel.

4.5 Photoactivation of whitening with the device.

4.6 Completion of the whitening procedure and determination of the tooth color after whitening (registered with a VITA shade).

4.7 Comparison of the initial and final VITA color and evaluation of the achieved result.

I agree to the use of the BLUEDENT 12BL / BLUEDENT PRO WHITE LED photoactivation device for whitening my hard dental tissues.

I am familiar with the procedures that will be performed with it.

I understand that after the whitening procedure I am required to refrain from consuming chromogenic - coloring foods and substances (carrots, tomatoes, citrus, flower juices, tea, coffee, wine, tobacco products, etc.) for at least 48 hours.

I may have increased sensitivity of soft and hard dental tissues for a while, most often passing within 24 hours.

By signing this informed consent, I declare that I have read this informed consent and fully understand it, both the benefits and possible risks and complications that may arise from performing in-office teeth whitening.

Date: …….. Declarant (patient): ……