

INFORMED CONSENT FOR INTERNAL BLEACHING (SINGLE TOOTH WHITENING)

Tooth # _____

Internal bleaching is performed to lighten or whiten a single discolored tooth by applying a bleaching agent to the tooth's internal structure. This procedure is cosmetic and biological in nature, meaning outcomes cannot be guaranteed.

Internal bleaching may require **multiple appointments** to achieve the desired result. Failure to attend scheduled appointments or complete the treatment within the specified timeframe may result in:

- An unsatisfactory cosmetic outcome
- Tooth discoloration recurrence
- Tooth loss
- Other complications requiring additional treatment, which may incur additional fees at the patient's expense.

Treatment Alternatives

I understand that internal bleaching is an elective procedure and that alternative options may also be available.

Alternatives to retreatment include:

- **No Treatment:** Choosing not to treat the discolored tooth may cause further discoloration
- **Crowns or Veneers:** Covering the discolored tooth with a dental crown or veneer to achieve cosmetic improvement.

Potential Risks and Complications

I understand that internal bleaching has associated risks and complications, which include, but are not limited to:

- **External Resorption:** Breakdown of the tooth's outer root surface.
- **Internal Resorption:** Loss of tooth structure internally.
- **Reaction to Bleaching Agent:** Allergic reactions or sensitivities to the materials used.
- **Over Whitening or Under Whitening:** An uneven or unexpected cosmetic result.
- **Recurring Discoloration:** Tooth color may relapse over time.
- **Pain or Tenderness:** Post-treatment discomfort, which could be a normal response or due to complications.

If any of the above complications occur, additional treatments such as further endodontic therapy or tooth extraction may be necessary.

In some cases, once the tooth is accessed, the appearance or condition of the previous filling may reveal underlying issues that indicate the need for a root canal to properly treat the tooth and prevent further complications.

Acknowledgment and Consent

I understand the proposed procedure, its risks, benefits, and alternatives. I acknowledge that no guarantees have been made regarding the outcome. By signing this form, I acknowledge and accept the risks and give my consent for Dr. _____ and their team to perform the internal bleaching and administer necessary anesthetics.

I also give permission for photography, video, and x-rays for administrative, teaching, and educational purposes.

Patient Name: _____ Date: _____

Signature of Patient or Legal Guardian: _____