

GLO SCIENCE® PROFESSIONAL CHAIRSIDE WHITENING CONSENT FORM

INTRODUCTION

The following information has been given to me so that I can make an informed decision regarding the use of the *GLO Science Professional Chairside Whitening* treatment. I may take as much time as needed 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. My dentist has informed me that there is a level of discoloration present on my teeth; this discoloration could be treated via in-office whitening, take home whitening or both. These procedures are informally referred to as “bleaching”.

PROCEDURE DESCRIPTION

GLO Science Professional Chairside Whitening is a procedure designed to lighten the color of my teeth by using *GLO Science Professional Strength Whitening Gel* in conjunction with a specific *GLO Science Professional Mouthpiece and Control*. The *GLO Chairside System* uses the mouthpiece to directly apply heat and light to the *GLO Professional Hydrogen Peroxide Whitening Gel*, creating a closed sealed system. The closed system prevents whitening oxygens from escaping the teeth, resulting in both maximum efficacy and greatly decreased sensitivity in the shortest amount of possible time. I am aware that I may ask the practitioner performing the procedure for specific information, details, or underlying purpose regarding any of the steps involved.

ALTERNATIVE TREATMENTS

I understand that I have the ability to forego *GLO Chairside Whitening*. However, should I choose not to proceed with the *GLO Chairside Whitening* treatment, I understand there are alternative whitening treatments for which my dentist can provide additional information. These treatments include:

- GLO Professional Take Home Whitening Kits
- Whitening Toothpaste/Gels
- Other in-office whitening systems

COST

I understand that my dentist determines the cost of the *GLO Chairside Whitening* procedure.

TREATMENT RISKS

I understand that *GLO Chairside* results may vary due to a variety of circumstances, and that the variability of these circumstances and results makes it virtually impossible to guarantee the results of any whitening system.

I understand that *GLO Chairside* whitening is not recommended for certain patients, including:

- Patients under 14 years of age
- Patients with braces.
- Pregnant or lactating women.

I understand that the vast majority of the dental professional community considers in-office whitening treatments to be generally safe procedures, and that my dentist has been trained in the proper use of the *GLO System*; however, I am aware that the treatment is not without risk. I understand that potential complications include, but are not limited to:

Tooth Sensitivity/Pain – Although the *GLO Chairside System* is designed to eliminate or significantly reduce any sensitivity, a minimal number of patients may experience some discomfort, typically within the first 24 hours of treatment. The vast majority of patients who experience discomfort consider it to be mild, but the discomfort can vary between individuals. This sensitivity will generally subside within 24 to 36 hours but may last longer for a small number of patients. *Patients with pre-existing sensitivity, recession, exposed dentin, exposed root surfaces, and occlusal wear facets (severely worn teeth), damaged or*

Patient Initials _____

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 these conditions are exacerbated or have caused prolonged sensitivity after treatment with GLO Chairside Whitening.

Gum/Lip/Cheek Inflammation – The GLO Chairside Whitening treatment may cause inflammation of gums, lips, or cheek margins, which is caused by inadvertent exposure to whitening gel. While this inflammation is typically temporary and subsides within days, there may be cases that can have longer recovery periods or cause greater discomfort.

Relapse – After the GLO Chairside Whitening treatment, it is natural for whitened teeth to experience slight, gradual regression. This regression occurs at a slow pace over time but may be accelerated by exposure to various staining agents. For best results, GLO Chairside Whitening treatment should be combined with the GLO Professional Take-Home Kit and/or future GLO Chairside Whitening touch-up procedures. I understand that the results of the GLO system are not intended to be permanent and that secondary, repeat, or at-home treatments may be needed to maintain the desired tooth shade.

I understand that after treatment, I will be required to refrain from consuming any substances that could discolor my teeth for the first **48 hours**. These substances include, but are not limited to: coffee, tea, colas, **ALL** tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, and red sauces. I understand that if I am unsure about the discoloration potential of any substance that I may consume following my GLO Chairside procedure, I should discuss the substance with my dentist.

CONSENT FORM ACKNOWLEDGEMENT SUMMARY

I understand that it is impossible to list every possible complication that may occur as a result of GLO Chairside Whitening treatment; as such, it has been brought to my knowledge that the list of complications contained in this form is not comprehensive.

By signing this informed consent form, I acknowledge that the basic procedures of GLO Chairside Whitening treatment, advantages and disadvantages, risks, known possible complications, and alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

By signing this informed consent form, I am stating that the contents of this consent form have been fully relayed to me in the appropriate manner, and I fully understand its content.

Should I have any questions or hesitation regarding the product or procedure, I understand that I should discuss with my dental professional.

SIGNATURES

By signing this document in the space provided, I indicate that I have read and understand the entire document and that I give my permission to perform the GLO Chairside Whitening on either my dependent or myself.

_____ PATIENT NAME (PRINTED)	_____ DATE
_____ LEGAL GUARDIAN NAME (PRINTED)	_____ DATE
_____ PATIENT/LEGAL GUARDIAN SIGNATURE	_____ DATE

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