Whitening Care and Instructions

Take home whitening trays are a simple and safe effective means of whitening/lightening your teeth. Although this whitening process can be very effective the results are somewhat unpredictable and may not yield the degree of lightening desired. Dark gray or brown tetracycline stained teeth do not respond as well to take home whitening. Please be aware the color of crowns, silver/amalgam and tooth colored restorations will not be affected by the bleaching procedure. Also note teeth are naturally darker along the gum line and may require more time to lighten than the rest of the tooth surface and usually remain slightly darker; acceptable results can usually be attained in 2-4 weeks. Regular dental check-ups and cleanings are important before and after whitening to maintain a healthy smile.

Patient Instructions:

Night time Use
- At bedtime, brush and floss teeth, then rinse mouth well with water.
- Place a pea size dot on the cheek side, of the first front eight teeth of tray.
- Dry your teeth as much as possible.
- Insert tray in mouth over teeth and allow the excess whitening material to run out of tray.
- Gently wipe any excess material off the gum tissue. Rinse mouth and expectorate contents as necessary.
- Wear the loaded whitening tray during sleep every night for 2-3 weeks. (The gel is active for 2 hours)
- After the prescribed time, remove the tray. Brush and rinse the residual gel from the teeth and inside of trays.
- Avoid any dark liquids for at least 2 hrs after removing your trays (examples include: coffee, tea, sodas, dark juices, red wine) and as much as possible while bleaching.

Day time Use
- Brush and floss teeth, then rinse mouth well with water.
- Place a pea size dot on the cheek side, of the first front eight teeth of tray.
- Dry your teeth as much as possible.
- Insert tray in mouth over teeth and allow the excess whitening material to run out of tray.
- Gently wipe any excess material off the gum tissue. Rinse mouth and expectorate contents as necessary.
- Wear the loaded whitening tray for 2-3 hours each day for 2-3 weeks. Remove tray for meals.
- After the prescribed time, remove the tray. Brush and rinse the residual gel from the teeth and inside of trays.
- Avoid any dark liquids for at least 2 hrs after removing your trays (examples include: coffee, tea, sodas, dark juices, red wine) and as much as possible while bleaching.

Sensitivity or Gum Irritation:
If significant discomfort occurs due to tissue irritation, ulceration, or tooth sensitivity, please follow the instructions below:

Some patients experience sensitivity during bleaching. It may be recommended that you bleach every second or third day. Use the tray during the day for 1-3 hours or use fluoride treatment/sensitivity toothpaste in your custom tray after you remove the tray. You may also brush your teeth with sensitivity toothpaste. Discontinue bleaching if your sensitivity is extreme. Food and juices high in citric acid can cause sensitivity to the teeth. If untreated cavities are present, whitening may cause irritation and pain on those teeth. Some patients have noticed temporary discomfort to the gums, lips, throat, or tongue. Should any of these symptoms persist more than two days or progressively worsen; stop treatment immediately and call our office. These side effects will usually subside with 1-3 days after treatment is discontinued.

PLEASE DO NOT...
- Bleach teeth while pregnant or lactating.
- Eat or drink while wearing your custom trays.
- Use tobacco products while wearing your custom trays.
- Use household products, products from the internet or unknown sources to whiten your teeth.
- Expose the bleaching gel or trays to heat and/or sunlight as they will distort and not fit.
- Freeze the bleaching gel. The bleaching gel can be refrigerated after completing all treatments.

Should the trays be lost or destroyed, there will be a charge for replacement.

I have read the above information and have no further questions regarding my whitening treatment.

Patient Signature: __________________________________________________________

Witness Signature: _________________________________________________________

(Copy to patient with original in chart)