



Tooth whitening advice

Before Bed

- Brush your teeth thoroughly for **two** minutes beforehand, with your normal toothpaste
- **At your first application** use a very small amount of the whitening gel as a trial
- Prepare your tray by placing a little whitening gel into each of the reservoirs as instructed by your dentist
- Place the tray in the mouth and ensure it is well seated
- Remove any excess bleaching gel with a cotton roll or tissue
- Try not to swallow any of the excess bleaching gel
- Try to use whitening gel on a daily basis
- Always follow your dentist's instructions carefully

On wakening

- Remove the bleaching trays from the mouth and rinse your mouth with water
- Brush your teeth for **two** minutes with your normal toothpaste
- Always clean your bleaching trays with cool water
- Leave your trays in the box provided with the lid open to allow the trays to dry
- To maintain your lighter tooth shade, it may be necessary to repeat the whitening procedure periodically
- Try to avoid staining agents such as red wine, tea, coffee, red berry drinks (herbal tea) and smoking during the tooth whitening treatment
- If you have any further queries please do not hesitate to contact the practice

Bleaching for sensitive teeth

- The week before starting your bleaching, apply a sensitive toothpaste or fluoride gel in the bleaching tray every evening. This will help to desensitise the teeth before commencing your bleaching treatment
- For a small number of patients slight sensitivity may occur, this may be treated by applying a sensitive toothpaste or fluoride gel into the tray and sleeping overnight with the tray in place
- If your teeth are frequently sensitive when bleaching, try alternating the placement of the fluoride gel with the whitening gel
- If your symptoms persist you should consult your dentist

We have allowed up to 10 tubes of the whitening gel for both arches. Any additional tubes can be purchased at the practice

TRY TO KEEP YOUR TRAYS IN A SAFE PLACE - IF THEY ARE MISPLACED THEN YOU WILL INCUR AN ADDITIONAL CHARGE

I consent to the bleaching process and understand the possible side effects

Date:

Patient Name:

Patients Signature

