

TEETH WHITENING CONSENT FORM

Business Name: _____

Date: _____

Consent form for cosmetic teeth whitening services. Covers sensitivity risks, contraindications, and expected outcomes.

** Required fields*

Full Name *

Jane Doe

Email *

jane@email.com

Phone Number *

(555) 123-4567

Date of Birth *

Whitening service type *

Options: In-Office LED Whitening / Custom Tray Whitening / Express Whitening

Have you had teeth whitening before? *

Options: Yes / No

Do you have dental crowns, veneers, or fillings? *

Options: Yes / No / Not sure

Do you have sensitive teeth or gum disease? *

Options: Yes / No

Are you pregnant or nursing? *

Options: Yes / No / N/A

When was your last dental visit?

Approximate date

I understand whitening doesn't affect crowns, veneers, or fillings *

I understand temporary tooth sensitivity is common *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to cosmetic teeth whitening treatment. I understand that: (1) Results vary based on natural tooth color, staining, and enamel condition; (2) Whitening agents do not change the color of crowns, veneers, bonding, or fillings; (3) Temporary tooth sensitivity and gum irritation are common side effects; (4) This is a cosmetic service, not a dental procedure; (5) I should consult my dentist if I have untreated cavities or gum disease. I release the provider from liability for results within the normal range of outcomes.

Client Signature: _____

Date: _____

Print Name: _____