



## CENTRO DE ODONTOLÓGIA -> my-dentist-mallorca.com

Dr. Víctor J. Hernández Darías - Odontólogo\* Dentist

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### Personal data

Date:

Name:

NIE/NIF/ID number:

### Tooth whitening in the practice (with dental splints)

Are you unhappy with the colour of your teeth and want to improve their appearance/have them whitened? This is where Dr. Víctor J. Hernández Darías can help you, with tooth whitening. This treatment is not a dental necessity and always takes place at the patient's request.

The success rate for this procedure varies from person to person and is fully dependent on your collaboration.

Reduced mouth opening and excessive saliva flow can negatively impact the results. Fillings, crowns/bridges and veneers do not change colour with tooth whitening and may need to be replaced afterwards.

The treatment takes place in one session and takes an hour or more.

The teeth are cleaned beforehand and freed from deposits. We place a cheek retractor in your mouth and protect your gums with light-curing materials and swabs. The bleaching material is applied and remains on your teeth for ten minutes. This procedure is carried out until the desired result is achieved or a maximum of 4 times. The treatment result can still improve or even worsen in the week after whitening, depending on your eating habits and to what extent you follow the recommended measures. Smoking, drinking coffee/tea and eating dark, staining foods should be avoided for up to one week after treatment.

### **Consent to treatment**

I have been informed that the above-mentioned measure will be carried out on me and I expressly wish this.

I was adequately informed about the nature, purpose and course of the intervention, as well as about its main advantages and disadvantages and risks, also in comparison with other methods of examination, treatment, surgery and refraining from the intervention.

I am aware that under certain circumstances the intervention may have to be supplemented and an extension or modification of the planned measures may only prove necessary at a later date. I have been made aware of possible physical, psychological and professional complications in the period following the procedure. I was also made aware of the following **possible complications**:

- Allergic reactions
- Aspiration of objects
- Injury to soft tissues/chemical burns
- Failure, further need for treatment
- Sensitivities/pain after treatment
- inconsistent results



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**Any particular problems I had were discussed in detail, specifically:**

My questions were answered in detail. I do not wish to be given any further details, or I was provided with all the details I wished.

I am aware that I can revoke this consent.

I agree with the intended measure and method, as well as with any necessary further work and changes. I have been informed that photographic documentation may be made and I consent to this. I affirm that I have named all ailments and complaints known to me in my medical history.

I was informed of the necessary pre- and post-treatment measures.

I understand that I must cancel an appointment at least 24 hours in advance if I am unable to keep it. I am aware that I will have to pay a cancellation fee of 50 € in the event of an unexcused absence or a late cancellation.

**Signature of the patient**