



## uPhoria Informed Consent – Teeth Whitening & Post-Treatment Care Instructions

Congratulations on your decision to brighten your smile with the [uPhoria Professional Teeth Whitening System \(u-PTWS\)](#) teeth whitening treatment. The next 48 hours are important for enhancing and maximizing your whitening results for a long lasting, bright and healthy smile. In order to receive optimal results, the following guidelines are recommended for at least 48 hours after the whitening treatment:

**Sensitivity:** Some patients occasionally experience tooth sensitivity or pain during the first 24 hours after the procedure. This is normal and is usually mild, but it can be worse for susceptible individuals. To avoid post-procedure sensitivity, we recommend you take an anti-inflammatory medication such as ibuprofen as directed by your dentist and recommended by the manufacturer.

Brush with a prescription-strength sensitivity fluoride toothpaste twice daily. Do not rinse after brushing. This toothpaste is designed as a low-foaming toothpaste so that you do not need to rinse after brushing. Avoid extreme hot or cold temperatures when eating and drinking.

**Hygiene:** Maintain good oral hygiene by brushing your teeth, flossing to remove debris between teeth, and cleaning the tongue. Do not use colored mouthwash or Chlorhexidine products.

**Relapse:** To help avoid regression, it is recommended that you refrain from consuming any substances that could discolor your teeth such as:

- Coffee, tea, grape juice, Cola, Red wine
- Tobacco products
- Mustard or ketchup, Soy sauce
- Berries, Red sauces
- Colored mouthwashes, Chlorhexidine

**uPhoria@Home Set for whitening maintenance and enhancement:** To supplement the whitening boost of the Premium White treatment, it is recommended that you:

- Use a fluoride based Whitening Toothpaste with hydrogen peroxide;
- Periodically use the Rinse & Correct Whitening Serum to counteract substances that could discolor your teeth.

I have read and understand the information above. I have had the opportunity to ask questions and all questions have been fully answered to my satisfaction. I certify that I speak, read and write English and that I can clearly see the words which I am reading.

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Printed Name    Date

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Signature of Patient (or authorized guardian)    If authorized guardian, write (relationship to patient)

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Print Witness Name

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Witness Signature