

***MSMILINE CLINIC***  
**TEETH WHITENING CONSENT FORM**

I, \_\_\_\_\_ hereby authorize Dr. \_\_\_\_\_ and his assistant to proceed to perform the following whitening procedure and to administer all anesthetics, local, intravenous or general and all other indications required in order to perform the treatment described above.

I have been informed of other methods of treatment (if there is one) and I understand that there might be certain risks such as sensitivity.

I recognize that Dr. \_\_\_\_\_ and/ or the hygienist have answered in a satisfactory manner all my questions concerning the above procedure.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness