

Zahnmedizinische Praxis

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Information Sheet In-Office-Bleaching (Information / treatment agreement / invoice / receipt)

Treatment



In-Office-Bleaching Mini 1 – 2 discolored teeth	50,00 €
In-Office-Bleaching Small Upper <u>or</u> lower jaw	170,00 €
In-Office-Bleaching Large Upper <u>and</u> lower jaw	320,00 €
Professional Tooth Cleaning (PTC) Special price for In-Office-Bleaching	50,00 €
Block Anaesthesia Upper <u>and</u> lower jaw (only if necessary)	18,00 €
Relief® ACP Oral Care Gel Special product for remineralization	free
Image documentation <input type="checkbox"/>	

Your satisfaction is important to us. If the result of the treatment doesn't meet your expectations, we will offer you a free add-on treatment.

Information about In-Office-Bleaching

- Two procedures á 20 minutes possible (depending on the desired degree of bleaching)
- Full effect: immediately after treatment, most effective after professional tooth cleaning
- Duration of effect 3 – 5 years (depending on oral hygiene, regular professional tooth cleaning can prolong the result)
- Light discomfort after the treatment is normal; it usually disappears at the latest after 12 hours
- Whitening gel contains potassium nitrate and fluoride – as a result tooth sensitivity is decidedly lower

Preparation for In-Office-Bleaching: Optimal protection of the teeth by remineralization

- 1 week before the appointment start massaging in the Relief® ACP Oral Care Gel using a toothbrush 2 x daily for 3 minutes. After each application don't eat and drink for 30 minutes
- The Relief® ACP Oral Care Gel provides an optimal bleaching result by prophylactic remineralization of the teeth and reduces an unpleasant stinging or pulling in case of sensitive teeth

Behaviour after In-Office-Bleaching

- Avoid coloured products for the next 3 days (e.g. coffee, tobacco, red wine etc.)
- Drink a lot of water
- Brush your teeth with „elmex gelee®“ once a week for 6 weeks
- Use an extra soft-bristled toothbrush for at least 3 weeks
- Use dental floss to clean between the teeth

Generally no treatment can be performed if the patient

- Has insufficient restoration (leaking crowns and margins of the filling)
- Has carious defects

- Suffers from inflammation of the gum tissue
- Has hypersensitive tooth necks
- Takes antibiotics
- Suffers from diabetes
- Is pregnant/lactating

Hazards – side effects of In-Office-Bleaching

- Pulling, stinging, pain in teeth and gum
- Inflammation of the pulp
- Inflammation of the gingiva (gums)
- Hypersensitivity
- Reduction of hardness of tooth enamel
- Insufficient bleaching effect

Consent and treatment order

I acknowledge that I have read and understood the whole information. After detailed consultation with the physician I feel informed. I agree to the planned treatment, with possible local anaesthesia. I am aware that no guarantee for a perfect result of medical treatments can be given.

I agree to allow taking and storing images for documentation purposes, as part of the treatment.

I would like the treatment to be performed right after this explanatory consultation, if possible. I had sufficient time to think and expressly waive any further consideration.

The total price for the desired treatment/s on _____ is _____ €
 (No VAT according to § 19 of UStG)

I will fully pay the above stated amount right after the treatment in cash, by electronic cash (EC) card or credit card (VISA / MasterCard) at the registration desk.

Berlin, _____
 Date, Signature of the Patient

The amount was received

- in cash electronic cash (EC) card VISA / MasterCard

Berlin, _____
 Date, Signature of the Employee

This information sheet in German can be found under the following link:
www.zahnarzt-implantat-zentrum.de/fuer-patienten