



Tooth whitening (bleaching)

Information and consent

Dental Aesthetics · Doctor medic Claudius-Horatius Moldovan · Simonstraße 3, 33106 Paderborn-Elsen · Version: 11/10/2026
English translation of the German form. In case of doubt, the German version applies.

Key points

This form prepares you for the information session with our practice team. It does not replace it. Please read it at your leisure and note down your questions.

Tooth whitening is **not medically necessary**. It is carried out solely at your request. How much the teeth can be whitened and how long the result lasts **cannot be predicted**.

1. Patient and planned treatment

First name and surname: _____

Date of birth: _____ Legal representative (if any): _____

Whitening of the following teeth / areas: _____

2. How the treatment works

- First the dentist examines your teeth and gums. Decay, leaking fillings and gum inflammation must be treated beforehand. A professional tooth cleaning should have taken place no more than two weeks earlier.
- The tooth shade is determined before and after treatment and documented in your patient record.
- A lip retractor keeps the mouth open. The gums are covered with a protective material.
- The whitening gel containing hydrogen peroxide is applied to the teeth and left for about 15 minutes. This step is usually repeated three times. The gel and the protective material are then removed completely.
- The gel penetrates the enamel and dentine and releases oxygen there, which decolourises pigments in the tooth.

3. What you should know

- **Fillings, crowns, veneers and other restorations do not become lighter.** After whitening they may look darker than the neighbouring teeth. If they are to be matched, this makes sense after about ten days at the earliest and involves additional costs.
- Enamel cracks, stains and discolouration caused by tetracycline or fluorosis lighten less well or not at all. Several treatments may then be needed.
- Teeth darken again over time, often by one or two shades, more so with coffee, tea, red wine or tobacco. A touch-up may become necessary.

4. Possible risks and side effects

- Teeth sensitive to cold, heat or sweet things, usually for up to 48 hours, longer in sensitive people – particularly with exposed tooth necks and heavily worn teeth.
- Irritation of the gums or the lining of the mouth from contact with the gel: whitish discolouration, burning, sensitivity. This usually subsides within a few days.
- An uneven result or a weaker result than hoped for.
- In rare cases, intolerance to a component of the materials.

5. After the treatment

For 48 hours, please avoid anything that can stain teeth (a “white diet”): coffee, tea, cola, red wine, tobacco, mustard, ketchup, soy sauce, berries and red sauces.

6. When whitening is not carried out

The treatment is not carried out on people under 18, during pregnancy or while breastfeeding. Please tick:

- ☐ I am at least 18 years old.
- ☐ I am not pregnant and not breastfeeding.

7. Costs

Tooth whitening is a **service on request** under section 2(3) of the German Dental Fee Schedule (GOZ). Statutory health insurers do not pay for it. Private insurers and civil-service allowance offices generally do not reimburse it, unless tooth whitening is expressly listed in your private health or supplementary dental insurance contract.

You will be informed about the treatment and its price before treatment begins. The **price is stated in this form**. By signing, you confirm that you have read it and agree to it. Treatment does not start without your signature.

Price of the treatment (euros): _____

8. Consultation

Consultation on: _____ at (time): _____

Person providing the information (dentist or prophylaxis team): _____

Particular points in my case, alternatives discussed and my questions (to be completed by the person providing the information):

9. My decision

The person providing the information has spoken to me in person about tooth whitening, its risks, the prospects of success, the price and the option of doing without it. I was able to ask questions and had time to decide without pressure. I can withdraw my consent at any time without any formalities.

- ☐ I **consent** to the tooth whitening named under 1 at the price stated under 7.
- ☐ I would **like more time** before I decide.
- ☐ I **decline** the treatment. I have been informed about possible disadvantages for my health.

Copy of this form: ☐ I have received one ☐ I do not want one

Place, date

Patient's signature

Place, date

Signature of the legal representative (if any)

Place, date

Signature of the person providing the information

Information on data protection is given in the practice's "Patient information on data protection". This form becomes part of your patient record.