

## CariFree Informed Consent Form

Informed Consent for: \_\_\_\_\_ (Print Name)

Patients diagnosed at high risk for dental cavities are recommended treatment using the CariFree Treatment Rinse and CariFree PRO Gel 5000. These products are nationally recognized as a proven course of treatment in the fight against specific factors that lead to dental cavities.

For most patients, the course of treatment is 3-6 months. However, some patients may need additional treatment depending on their individual risk factors. Your course of treatment will be tailored to your specific needs.

### **Recommended instructions for use:**

- First, rinse with CariFree Treatment Rinse, then brush second with CariFree Pro Gel 5000
- Wait 30 minutes after rinsing and brushing before eating, drinking, or rinsing with water

### **While using the CariFree Treatment Rinse, you should expect to see the following desirable effects:**

- Improved gum/soft tissue health and appearance
- Decrease in bleeding gums when flossing
- Reduction in tooth sensitivity
- A feeling of cleaner teeth
- Improved tooth luster

### **In some cases, you can also expect the following undesirable effects:**

- Possible extrinsic staining on the teeth (temporary and removable)
- A strong (mint or apple) pool water taste with the rinse only

To reduce possible staining with the CariFree Treatment Rinse, use once per day at nighttime before bed. Also, avoid eating and drinking foods and beverages that are dark in color (e.g. colored soda, coffee, tea, juice etc.)

Rest assured that after the initial treatment phase, the maintenance products do not have any extrinsic staining or unpleasant taste associated with them.

I have read and understand the information within this informed consent form and have been given the opportunity to ask questions if needed. I now feel comfortable and confident to start the treatment process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_