POLA ADVANCED TOOTH WHITENING SYSTEM

# POLA WHITENING CLINICAL ASSESSMENT AND CONTROL SHEET

Name: _____ # File: _____ Date: _____

Main complaint: _____

Previously had whitening treatment: ☐ Yes ☐ No Product: _____

Satisfaction: ☐ Excellent ☐ Good ☐ Average ☐ Bad

Reasons for dissatisfaction: _____

Patient expectations: ☐ Extreme white ☐ Natural White ☐ As recommended by dentist

Targeted result: _____

**Colour description:**

Shade: _____ Patterns (lines, stripes, flakes etc.): __

Cervical shade (and canine): ☐ Same colour ☐ Slightly darker ☐ Much darker

Translucency (Incisal edges): ☐ Grey ☐ Medium ☐ White

Did patient ever live in a highly fluoridated area? ☐ Yes ☐ No ☐ Don't know

| **Anterior teeth and soft tissue condition: Please tick ✓** | | | | | |
|---|---|---|---|---|---|
| Attrition | ☐ | Bruxism | ☐ | Previous orthodontic treatment | ☐ |
| Abrasion | ☐ | Clenching | ☐ | Crack lines | ☐ |
| Erosion | ☐ | Clicking | ☐ | White spots | ☐ |
| Root exposure | ☐ | Non vital teeth | ☐ | Fluorosis | ☐ |
| Caries | ☐ | Crowns/caps/bridges | ☐ | Tetracycline | ☐ |
| Periodontal disease | ☐ | Anterior fillings | ☐ | | |

**Note:** It is important to point out any white spots to the patient, regardless of whether shallow or slightly deeper. In some cases, the white spots become even more noticeable after whitening, upsetting both the patient and dentist.

**Patient Habits:**

Smoker: _____#/day Tea/coffee: _____/day Red wine: _____/week Mouth washes: ☐ Yes ☐ No

Sensitivity present before treatment: ☐ Yes ☐ No ☐ Mild ☐ Significant

Sensitive from: ☐ Hot ☐ Cold ☐ Sweet ☐ Pressure

Desensitizer recommended: _____

Before: _____ During: _____ After: _____



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**Recommended treatment:**

In Office

Product: _____ No. of applications: _____

Contact time per application: _____ Light source used: _____ Brand: _____

At Home:

Product: _____ Concentration: _____

Recommended treatment time: _____/day No. of days: _____

**Control tools:**

☐ Photos ☐ Intra-oral images ☐ Original shade composite control stick ☐ Manufacturer guide ☐ Other _____

Follow up appointment in _____ days (please bring your trays, empty and full syringes)

| **Patient instructions/recommendation:** | **Please tick ✓** |
|---|---|
| Keep the whitening gel from temperatures exceeding 25C (77F) | ☐ |
| Do not skip treatment unless recommended by your dental professional | ☐ |
| Brush your teeth after eating or drinking highly coloured food | ☐ |
| Smoking will affect the results | ☐ |
| Staining food eaten in the first 48 hours after the last treatment will affect the results | ☐ |
| Do not put other product in your trays beside those provided by your dental professional | ☐ |
| Call the office in case of any major discomfort | ☐ |

**Control / Follow up:**

Date: _____ Shade: _____

Comments: _____

_____

Patients satisfaction: ☐ Excellent ☐ Very Good ☐ Good ☐ Average ☐ Bad

Recommendations: _____

**Final result:**

Date: _____

Comments: _____

_____



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