



WHITENING



OPALESCE[®]

THE LEADER IN TOOTH WHITENING

Opalescence[®]
tooth whitening systems



THE OPALESCENCE® WHITENING STORY



THE LEADER IN TOOTH WHITENING FOR MORE THAN 25 YEARS

From one smile to millions

“Dad, I need my teeth whiter. Dad, I need my teeth whiter.”

Jaleena was persistent. She would cut tooth whitening advertisements out of dental journals and leave hand-written reminders on her dad's nightstand. As Dr. Fischer's 14-year-old daughter, Jaleena was determined to keep her dad's attention focused on developing what would later be known as Opalescence® whitening.

“Be patient, love. I'm working on something,” Dr. Fischer would say.

In Ultradent's R&D department, Dr. Fischer worked tirelessly to get his whitening product just the way he wanted it. He knew it needed to have a sticky, viscous composition to keep the gel in place and to prevent it from leaching out of the tray onto the soft tissue. It needed to provide sustained peroxide release for superior whitening results. And it needed to be delivered via a soft, thin scalloped tray with reservoirs to ensure the maximum amount of gel stays in contact with the teeth during the entire treatment.

One night in 1991, after Dr. Fischer was finally satisfied with the whitening gel he and his team had come up with, he took it home to Jaleena. He had her load the new Opalescence® whitening gel in the tray before bed and asked her to wear it throughout the night. “When you wake up in the morning,” he said, “don't take the tray out. Come find me, and we'll take it out together.” The next morning, Jaleena and her dad took the tray out. After just one night, she had gone from an A3 to an A1.

It's been more than 25 years since that eventful morning for Jaleena and her dad. In that time, the Opalescence® whitening family has gone from one sticky, viscous 10% carbamide peroxide formula to a full menu of whitening products. Now the world leader in whitening, Opalescence® whitening has helped millions of people brighten their smiles, giving them more confidence and improving their quality of life. And it can do the same for your patients!

OPALESCE® WHITENING REFERENCE GUIDE



Opalescence® PF 10% whitening



Cosmetic take-home whitening with custom trays

Active Ingredient:

10% carbamide peroxide

Contains:

Potassium nitrate, fluoride, and Xylitol

Indications:

For patients with existing sensitivity; can be worn day or night



Wear time:
8–10
hours/day



Flavors:

Mint, Melon, and Regular



Opalescence® PF 16% whitening



Cosmetic take-home whitening with custom trays

Active Ingredient:

16% carbamide peroxide

Contains:

Potassium nitrate, fluoride, and Xylitol

Indications:

For faster whitening; can be worn during the day



Wear time:
4–6
hours/day



Flavors:

Mint, Melon, and Regular



Opalescence Go® 6% whitening

Cosmetic take-home whitening with prefilled trays

Active Ingredient:

6% hydrogen peroxide

Contains:

Potassium nitrate, fluoride, and Xylitol

Indications:

For fast whitening ready-to-go



Wear time:
60–90
min/day



Flavors:

Mint and Melon



Opalescence® Boost® 40% whitening

Medical in-office chairside whitening, direct application

Active Ingredient:

40% hydrogen peroxide

Contains:

Potassium nitrate and fluoride

Indications:

Dentist-administered, method for treating dark, internally discolored teeth caused by disease, injury, or medical treatment



Wear time:
Two to three
20-minute
treatments
per visit

Any Indication.
Always Opalescence.



Opalescence® Endo 35% whitening

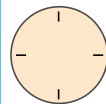
Medical whitening for non-vital teeth using the “walking bleach” method

Active Ingredient:

35% hydrogen peroxide

Indications:

Dentist administered; for internal whitening of non-vital teeth



Wear time:
Three to five
days



Opalescence® Quick 45% whitening



Medical in-office waiting room whitening with custom trays

Active Ingredient:

45% carbamide peroxide

Contains:

Potassium nitrate and fluoride

Indications:

Office supervised; method for treating dark, internally discolored teeth caused by disease, injury, or medical treatment



Wear time:
30 minutes
supervised

Opalescence® tooth whitening gel contains PF (potassium nitrate and fluoride).

In an in vitro study researchers looked at whether treatment with tooth whitening products with different concentrations of carbamide peroxide or hydrogen peroxide would increase the susceptibility for caries.

A tooth whitening product with a neutral pH and 10% carbamide peroxide did not lead to a higher caries risk.



Opalustre® slurry

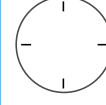
Microabrasion Slurry

Active Ingredient:

6,6% hydrochloric acid, silicon carbide microparticles

Indications:

Dentist-administered chairside treatment; removes superficial white and brown stains



Office visit

TAKE-HOME WHITENING WITH OPALESCENCE® PF WHITENING

COSMETIC CUSTOM TRAYS

10% and 16% Carbamide Peroxide
with Potassium Nitrate and Fluoride



Opalescence® PF whitening gel offers your patients professional whitening power in the comfort of their own homes. Available in Mint, Melon, and Regular flavors, Opalescence® PF whitening is delivered via custom-made trays, further tailoring the treatment to your patients' smiles. Opalescence® PF tooth whitening gels contain PF (potassium nitrate and fluoride) to strengthen enamel and reduce sensitivity. Twenty percent water content prevents

dehydration and shade relapse. It is available in formulations of 10% and 16% carbamide peroxide. Help patients select the best method depending on their level of sensitivity, how fast they want to see results, and how long they want to wear their trays (4-6 hours or overnight). After the first application in the dental office, the whitening trays can conveniently be worn at home.

Instructions



Express one continuous bead of gel (1/3 to 1/2 of a syringe) halfway up from the incisal edge to the facial side of the tray.



Place tray over teeth. Gently press tray to move gel into place. Pressing too firmly will force gel out of tray.



Remove excess gel with a soft toothbrush. Wear 10% overnight or 16% for 4 to 6 hours.



At the end of treatment, brush teeth and use soft toothbrush and water to clean tray.

Clinical Applications



Before whitening.



After 8 days of treatment with Opalescence PF 16% whitening, every day for 3 hours.



Before whitening.



Upper teeth after 5 nights of treatment, approximately 40 hours.

TAKE-HOME WHITENING WITH OPALESCENCE GO® WHITENING



COSMETIC PREFILLED TRAYS

6% Hydrogen Peroxide
with Potassium Nitrate and Fluoride



Opalescence Go® whitening features ready-to-go convenience with an enhanced tray design for an even more adaptable and more comfortable whitening experience. After just 10 minutes in the mouth, the UltraFit™ tray softens and molds to the arch to create a custom-like fit that is remarkably comfortable and effective. And its molar-to-molar coverage ensures the gel comes in contact with more posterior teeth. Opalescence Go® whitening is available in 6% H₂O₂

(60-90 minutes wear time) and delicious Mint and Melon flavors. Opalescence Go tooth whitening gels contain PF (potassium nitrate and fluoride) to strengthen enamel and reduce sensitivity. Twenty percent water content prevents dehydration and shade relapse. After the first application in the dental office, the whitening trays can conveniently be worn at home.

Instructions



Center tray on arch.



Gently suck down or swallow.



Remove outer tray.



Wear 6% for 60 to 90 minutes.

Clinical Applications



Before whitening.



After 6 days of treatment with Opalescence Go whitening for 90 minutes.



UltraFit tray before.



UltraFit tray after 10 minutes in the mouth.

IN-OFFICE WHITENING WITH OPALESCENCE® BOOST® WHITENING

MEDICAL CHAIRSIDE WHITENING

40% Hydrogen Peroxide
with Potassium Nitrate and Fluoride



Opalescence® Boost® power whitening gel is designed for medical in-office use. It is applied by the dentist for whitening one or more teeth, parts of a tooth, and/or for accelerated chairside whitening techniques. Opalescence® Boost® whitening is also used on nonvital teeth, including in-office intracoronal whitening. And unlike other in-office whiteners, Opalescence® Boost® whitening doesn't require an expensive, hot, and uncomfortable light to work. Opalescence® Boost® tooth whitening gel contains PF (potassium nitrate and fluoride) to strengthen enamel and reduce sensitivity. More than twenty percent water content prevents dehydration and shade relapse.

It is an alternative, conservative method (compared to crowns, veneers, etc.) to whiten dark, internally discolored teeth caused by predisposing factors such as disease, traumatic or iatrogenic injury, congenital, systemic, metabolic or pharmacological influences. These can include but are not limited to elevated bilirubin levels, tetracycline and adult minocycline stains, porphyria, erythroblastosis fetalis and high fluoride intake during tooth development.

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.

Clinical Applications



Before whitening.



After whitening.



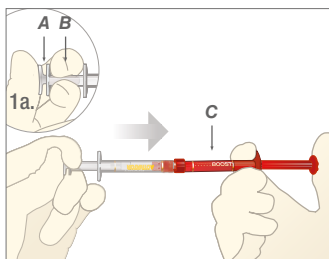
Before whitening.



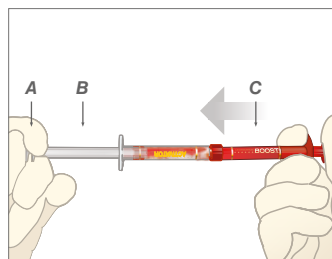
After 4 applications at 20 minutes with Opalescence Boost whitening.

IN-OFFICE WHITENING WITH OPALESCENCE® BOOST® WHITENING

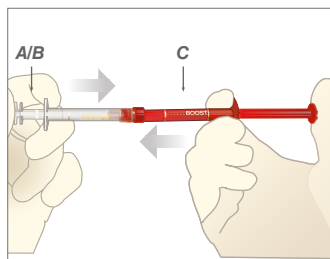
Mixing Instructions



1. Check to see that the syringes are securely attached. Depress the small clear plunger (A) into the middle small clear syringe (B) to rupture the internal membrane and combine whitening agent and activator.



2. Press the plunger of the red syringe (C) in, pushing all contents into the clear syringe (B).



3. Press the clear plunger completely back into the red syringe (C). To thoroughly mix activator with whitening gel, push stems back and forth continually with thumbs and mix a minimum of 50 times rapidly (25 times each side).



4. Press all mixed gel into the RED syringe. Separate the two syringes and attach the Micro 20 ga FX® tip onto the red syringe. Check the flow on a cotton gauze or mixing pad prior to applying it intraorally. If resistance is met, replace the tip and recheck the flow.

IMPORTANT NOTE: After mixing, Opalescence® Boost® whitening gel is good for 10 days refrigerated. Before disposing of syringes, aspirate water into the syringe and express liquid down the drain. Repeat a couple of times before disposing of the syringe. Make sure any gauzes used are rinsed with water.

Warning: Clinician, assistant, and patient must wear protective eyewear with side shields when mixing and applying Opalescence Boost in-office whitening.

Instructions

Clinical step-by-step instructions from the international Ultradent Products catalog showing the whitening procedure of an upper and lower arch.



Wear protective eyewear and clothing and provide protective eyewear and clothing for your patient. Check to see that the syringes are securely attached before mixing. To mix, follow the instructions above.



Place Ultradent® IsoBlock bite block and self-supporting plastic cheek retractors. Completely rinse and air dry teeth and gingiva.



Securely attach a Micro 20 ga tip to an OpalDam® resin barrier syringe and check flow. Express a continuous bead along the gingival margin, overlapping approximately 0,5 mm onto the enamel. Begin and finish the bead one tooth beyond the most distal tooth that is being whitened, building the barrier 4–6 mm high and 1,5–2,0 mm thick. Express the resin through any open embrasures.



Light cure the OpalDam resin barrier for 20 seconds per arch using a scanning motion. Check the resin cure with an instrument using caution not to disrupt the seal.



Apply a 0,5–1,0 mm thick layer of Opalescence Boost gel to the labial surface of the tooth. Allow the gel to remain on the teeth for 20 minutes per application.



Suction gel from teeth using the Ultradent Luer Vacuum Adapter and SST™ Tip. Do not use water. Repeat application steps two times. Stop when desired results are achieved, or if the three applications per visit maximum have been met.



After the final application is complete and all visible gel is removed, thoroughly rinse the teeth with an air/water spray and high volume suction. Gently slide the tip of a dental instrument beneath the OpalDam resin barrier and lift it off. Check for and remove any interproximal remnants.



Evaluate the shade change. If additional whitening is desired and no significant sensitivity is noted, reschedule the patient in 3–5 days for repeat treatment or to dispense take-home whitening trays.

IN-OFFICE WHITENING WITH OPALESCENCE® ENDO WHITENING

MEDICAL, NON-VITAL “WALKING BLEACH”
35% Hydrogen Peroxide



2018
REALITY
Four Star Award
★★★★



Opalescence® Endo whitening is specially formulated to whiten endodontically treated discolored teeth caused by disease, injury, or medical treatment using the “walking bleach” technique.

Once Opalescence® Endo whitening gel is delivered to the pulp chamber, it should be sealed with a temporary cement,

and left in the tooth for three to five days.

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.

Instructions



A glass ionomer is placed on the floor of the pulp chamber to seal the obturation from penetration of the hydrogen peroxide.



Apply a layer of Opalescence Endo gel to the chamber.



Insert a cotton pellet inside the chamber. Deliver mixed UltraTemp® Regular filling material directly to site.



Easily wipe away excess with a wet cotton ball or gauze before it sets. Finished. Repeat every 3–5 days until desired results are achieved.

Clinical Applications



Before whitening.



After whitening.



Before whitening.



After whitening.

IN-OFFICE WHITENING WITH OPALESCENCE® QUICK WHITENING



MEDICAL CUSTOM TRAYS
45% Carbamide Peroxide
with Potassium Nitrate and Fluoride



Opalescence® Quick whitening gel is administered under a dentist's supervision in the controlled setting of the reception/waiting room. It is applied using a custom-fitted, scalloped tray. Treatment times range from 30 minutes to the dentist's discretion. Opalescence® Quick whitening is for medical in-office use only. It provides an alternative, more conservative modality of treating dark, internally discolored teeth (compared to crowns, veneers, etc.) caused by disease,

injury, or medical treatments such as congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, tetracycline, and adult minocycline stains, trauma, erythroblastosis fetalis, jaundice, and porphyria.

Medical Devices for Tooth Whitening are not available in some countries of the European Community. Please ask your Dental Dealer.

Instructions



Express one continuous bead of gel (1/3 to 1/2 of a syringe) halfway up from the incisal edge to the facial side of the tray.



Place tray over teeth. Gently press tray to move gel into place. Pressing too firmly will force gel out of tray.



Remove excess gel with a soft toothbrush.



Wear the tray for 30 minutes in the waiting room.

Clinical Applications



Before: the teeth with dentinogenesis imperfect have a grey appearance.



After 4 sessions with Opalescence Quick whitening, the teeth are remarkably lighter.



Before: severe tetracycline cases require a longer treatment.



After half a year and about 18 sessions.

SPECIALTY WHITENING WITH OPALUSTRE® SLURRY

CHEMICAL AND MECHANICAL ABRASION SLURRY

6,6% Hydrochloric Acid



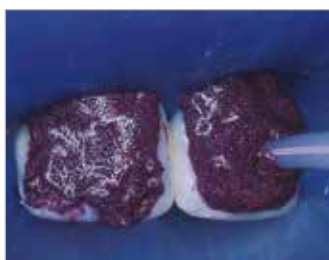
Opalustre® slurry has a low 6,6% hydrochloric acid concentration with silicon carbide micro-particles to provide chemical stain removal and gentle mechanical abrasion. This microabrasion provides a minimally invasive treatment that permanently removes superficial white and brown stains, mild fluorosis, or demineralization. It can provide life-changing results in one treatment.

Opalustre slurry features optimum viscosity for precise abrasion and control of the slurry and the active treatment keeps the clinician in direct control of stain removal. Use Opalustre slurry with OpalCups cups to reduce splatter and efficiently work the slurry into the stained area.

Instructions



Before.



After rubber dam placement, apply Opalustre slurry from syringe to discolored enamel.



Use bristle cup to compress Opalustre slurry on tooth surface. Intermittent rinsing and inspection is recommended.



After enamel microabrasion and 21 days of using Opalescence® whitening gel.

Clinical Applications



Remove or significantly reduce mild to moderate decalcification related to orthodontic treatment with a few applications of Opalustre slurry. Apply with stiff bristle cups and 10:1 gear reduction handpiece with firm pressure.



Enamel decalcification corrected after one application of Opalustre slurry using OpalCup Bristles and 10:1 gear reduction handpiece with firm pressure.



AFTER CARE WITH ULTRAEZ® DESENSITIZING GEL



DESENSITIZING TREATMENTS

3% Potassium Nitrate with Fluoride (0,25% neutral NaF)



UltraEZ® desensitizing gel is a sustained-release 3% potassium nitrate gel with fluoride (0,25% neutral NaF).

The sticky, viscous gel stays in the trays and on the teeth and provides an immediate desensitizing effect. The formula quickly eliminates sensitivity from toothbrush abrasion, thermal and

chemical changes, tooth whitening, and root exposure.

It features the revolutionary UltraFit™ tray. The product is used either by a dental professional in the office or provided to the patient for home treatment of dentin sensitivity.

Instructions with pre-filled trays



Center tray on arch.



Gently suck down or swallow.



Remove outer tray and suck down or swallow again.



Wear for 15 minutes to 1 hour per day.

Instructions with syringes



Express one continuous bead of gel (1/3 to 1/2 of a syringe) halfway up from the incisal edge to the facial side of the tray.



Place tray over teeth. Gently press tray to move gel into place. Pressing too firmly will force gel out of tray.



Wear for 15 minutes to 1 hour per day.



At the end of treatment, brush teeth and use soft toothbrush and water to clean tray.

AFTER CARE WITH OPALESCENCE® WHITENING TOOTHPASTE

TOOTHPASTE

The Original
The Sensitivity Formula



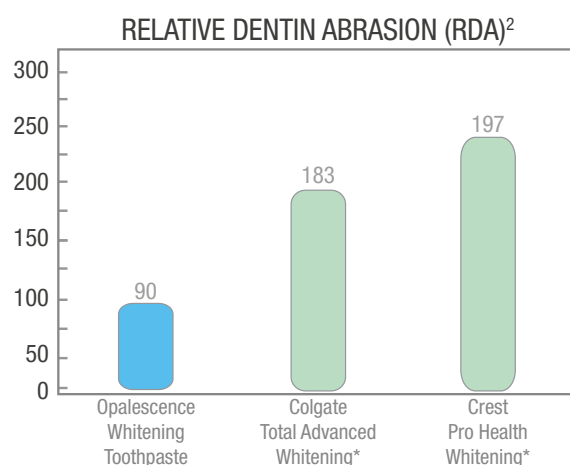
Opalescence® Whitening Toothpastes are an easy and effective way to maintain a bright, white smile. These professional whitening toothpastes not only remove surface stains, but also strengthen the teeth with their unique formula. They are specifically formulated for high levels of fluoride uptake while remaining gentle enough to use every day — with relative dentin abrasion comparable to, or lower than, most other leading whitening toothpastes.² They also

provide excellent antimicrobial activity for cleaner, healthier mouths. These toothpastes are a great way for your patients to maintain their results following a whitening treatment.

The sensitivity formula has all the whitening benefits of the original formula, but includes potassium nitrate to relieve sensitivity.

Both toothpastes come in a Cool Mint flavor.

Remove surface stains to lighten teeth two shades in just one month!¹



Opalescence® Whitening Toothpastes have lower abrasiveness than other leading whitening toothpastes.^{2,3}

*Registered trademarks of a company other than Ultradent. **1.** Gultz J, Kaim J, Scherer W. Whitening efficacy of a whitening toothpaste creme [IADR abstract 2747]. J Dent Res. 1998;77(suppl 2):975. **2.** Schemehorn BR. Relative dentin abrasion test on dentifrices. Study #111. 2011. Data on file. **3.** This toothpaste does not contain peroxide.



FOR WHITENING TREATMENTS

Ultradent® LC Block-Out Resin

Sof-Tray® Classic Sheets

Ultra-Trim Scalloping Scissors

Opalescence® Pocket Tray Cases

OpalDam® /OpalDam® Green Resin Barriers

KleerView™ Retractor

Ultradent® LC Block-Out Resin

Light cured block-out resin



- Optimal viscosity for proper application
- Blue pigment for visibility during application
- Great utility resin with multiple uses



Opalescence® Pocket Tray Cases

Tray storage

- Protect trays when they are not in use
- Flat, pocket-sized design
- Inside dimensions: 7,5 x 7 x 1,5 cm



Sof-Tray® Classic Sheets

Sheet material for vacuum-forming of trays

- 0,9 mm Sof-Tray for most whitening trays
- 1,5 mm Sof-Tray for whitening patients who are bruxers
- 2,0 mm Sof-Tray for severe bruxers or as a TMJ appliance



OpalDam® and OpalDam® Green

Light-cured resin barriers



- Applies directly
- Offers effective coverage of oral tissues with impervious seal, making in-office whitening easier than ever before
- Light reflecting to minimize heat and tissue sensitivity during curing
- Removes easily



Ultra-Trim Scalloping Scissors

For trimming trays

- Use for precise trimming of border around interdental papilla
- Spring loaded to minimize finger fatigue
- Grips tray material easily
- Made of durable stainless steel



KleerView™

Cheek / Lip retractors

- Perfect for in-office tooth whitening, bonding, composites, and clinical photography



QUESTIONS BEHIND TOOTH WHITENING

There are many causes of tooth staining. Some affect the full arch - these discolorations are mostly caused by food, beverages, and tobacco. These stains migrate into the enamel. Aging also leads to darker teeth. Such discolorations are generic and can affect everybody.

Lightening of these discolorations is cosmetic and can be achieved with proven cosmetic whitening products formulated for superior results like our Opalescence® PF whitening gels that are used with custom trays or our prefilled disposable Opalescence Go® whitening trays. A brighter, whiter smile is the result. In cases of re-darkening, a short touch-up restores the perfect smile.

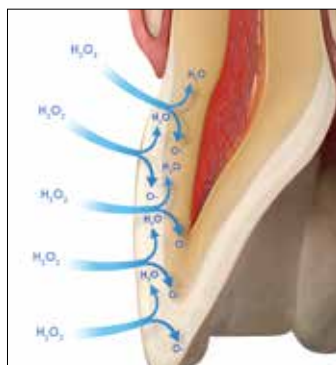
Other types of stains can penetrate into enamel and dentin from the inside, as a consequence of diseases, injury or medical treatment, e.g. congenital, systemic, metabolic, pharmacological, traumatic, or iatrogenic factors such as dental fluorosis, jaundice, tetracycline, and adult minocycline stains, porphyria, trauma, and erythroblastosis fetalis. To treat staining from these causes, a medical, in-office whitening system is needed. In many cases, such focused whitening may make restorations, veneers, or crowns unnecessary or postpone them for a long time.

Professional whitening is the best and most minimally invasive option to safely lighten discolored teeth.

How does whitening work?

During the whitening treatment, hydrogen and carbamide peroxide change to form reactive oxygen species. These penetrate the tooth and react with the discolored molecules to change their optical properties. This interaction transforms the color molecules, making the tooth appear more white.

Reactive oxygen species are able to migrate throughout the tooth, so there is no need for the entire surface of the tooth to be in contact with the whitening agent for the entire tooth to be whitened.



Because the reactive oxygen needs to dissipate from the tooth before bonding, it is necessary to wait 7–10 days before any bonding procedure.

Will whitening affect bond strength?

Even though whitening agents release oxygen into the tooth, existing bonds are not weakened.^{1,2}

Note: Allow a period of 7–10 days after whitening treatment before bonding. The high concentration of oxygen in the tooth could have a significant adverse effect on polymerization of the resins.^{3,4}

How long does the whitening last?

Whitening results are very stable. However, depending on the patient's diet and lifestyle habits, whitening may need to be redone periodically. Due to the safety of the whitening agents, this should not cause any concerns.

Will whitening cause tooth sensitivity?

Tooth sensitivity can occur as a result of whitening. If sensitivity occurs, it is transient and disappears after the completion of whitening treatments. If desensitizing treatments are desired, we recommend the use of UltraEZ® desensitizing gel or Enamelast fluoride varnish. Opalescence® Whitening Toothpaste can also be used to help to prevent or lessen sensitivity if it occurs.

Will whitening weaken the tooth's enamel?

No. Tooth whitening has not been shown to weaken tooth enamel.^{5–9}

Important:

Dentist supervision is the best way to whiten!

Tooth whitening treatments are effective and safe if they are used appropriately and with the correct materials. This includes a comprehensive exam, briefing on the chosen whitening process, and monitoring of the patient during the treatment phase. Self-treatment by the patient with over-the-counter (OTC) products often does not provide the results desired, and leaves the patient without options for managing potential sensitivity or other concerns.

1. Klukowska M, White DJ, Kozak KM, et al. Effect of bleach on microleakage of Class V composite restorations. *J Dent Res*. 85(Spec Iss B):0035, 2006 (www.dentalresearch.org). 2. Angerame D, Garaffa S, Maglione M, Di Lenarda R, De Stefano Dorigo E. Effect of in-office bleaching on Class V composite restorations seal. *J Dent Res*. 84(Spec Iss A):3013, 2005 (www.dentalresearch.org). 3. Wilson D, Xu C, Hong L, Wang Y. Effects of clinical factors during tooth whitening on enamel. *J Dent Res*. 86(Spec Iss A):2632, 2007 (www.dentalresearch.org). 4. Lim B-S, Ryu I, Lee Y-K, et al. Effect of bleaching agent on shear bond strength to dentin. *J Dent Res*. 85(Spec Iss B):0036, 2006 (www.dentalresearch.org). 5. Basting RT, Rodrigues AL Jr, Serra MC. The effects of seven carbamide peroxide bleaching agents on enamel microhardness over time. *J Am Dent Assoc*. 2003;134(10):1335-42. 6. Al-Qunaian TA. The effect of whitening agents on caries susceptibility of human enamel. *Oper Dent*. 2005;30(2):265-70. 7. Clark LM, Barghi N, Summitt JB, Amaechi BT. Influence of fluoridated carbamide peroxide bleaching gel on enamel demineralization. *J Dent Res*. 85(Spec Iss A):0497, 2006 (www.dentalresearch.org). 8. Amaechi BT, Clark LM, Barghi N, Summitt JB. Enamel fluoride uptake from fluoridated carbamide peroxide bleaching gel. *J Dent Res*. 85(Spec Iss A):0498, 2006 (www.dentalresearch.org). 9. Browning WD, Myers M, Downey M, Pohjola RM, Brackett WW. Report on low sensitivity whiteners. *J Dent Res*. 85(Spec Iss A):1650, 2006 (www.dentalresearch.org).

OPALESCENCE® WHITENING MARKETING GUIDE

The popularity of tooth whitening procedures — in office and at home — is at an alltime high. Your patients are most likely asking about whitening options; this guide offers a few of creative resources for you to share with them.

Here are some ideas to help you promote whitening to your current patients:

In-Office Marketing Tools

• Opalescence® Whitening Posters

Hang attractive posters in your waiting room and around your office to pique your patients' interest in Opalescence® tooth whitening treatments.

• Opalescence® Whitening Appointment Cards

Remind your patients about appointments while enticing them to whiten their smiles!

• Opalescence® Whitening Patient Waiting Room Brochures

These brochures educate patients on the many whitening options available in your office and answer most frequently asked questions about tooth whitening.

• Opalescence® Whitening Customizable Office Flyers

Customize these flyers with your own message and logo announcing your whitening service or special offers.

• Opalescence® Whitening Patient Home-Whitening Brochures

Use these instructions to quickly and easily explain the take-home whitening process and give useful information on how to behave during and after the whitening treatment.

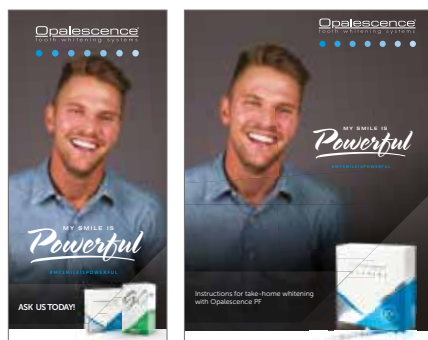
Order your marketing materials at your dental dealer!

In-Office Marketing Tips

- Make sure that members of your staff are whitening their teeth, if appropriate. Their bright, white smiles will serve as walking billboards for your whitening services. Plus, when asked, they will be able to speak authentically about their whitening experiences.
- Identify one staff member to be your “whitening specialist.” This person can handle all whitening inquiries and help utilize the tooth whitening marketing materials in your office.
- Take your patients' tooth shades at appointments. Show them the shade guide to educate them on how white their smiles could be.
- Before anterior restorations, ask your patients if they want their current shade or if they would like to whiten their teeth. Show them the shade guide to help them understand the range of possibilities.
- Hand out smile evaluations when patients check in. These are effective tools because people may provide more information in a written survey than if asked directly.

Questions for smile evaluations:

- Are you happy with your smile?
- Do you like the way your crowns and fillings look?
- Are you satisfied with the shade of your teeth?
- Do you feel comfortable smiling?
- Are there things you would like to change about your teeth?
- Do your teeth hurt?
- Are you interested in whitening your teeth?
- If you could change something about your smile, what would it be?





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