

**PATIENT LOG FOR HOME BLEACHING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Shade of Teeth: \_\_\_\_\_ Desired Shade: \_\_\_\_\_

Date Bleaching Started: \_\_\_\_\_  
Upper/Lower/Both

DAY	DATE	AMOUNT IN HOURS	UPPER/LOWER/BOTH	SENSITIVITY?

Please complete this log while you are bleaching your teeth at home so that we can see the amount of progress you are making. Store it together with your kit for ease of access. If you have any untoward problems, please call the practice. Please bring this log sheet to each appointment