Patient Log for Home Whitening Teeth

Linda H. Greenwall Dental Practice

Patient's Name: _____

Date: _____

Present Shade of teeth:	Desired Shade:
Date Bleaching started:	To bleach Upper/ Lower/ Both

Day	Date	No of hours the trays were worn	Upper/lower/ both	Sensitivity

Please complete this log while you are whitening 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.