All the basic information you need to get started with the KöR Whitening System.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW TO USE THIS GUIDE</td>
<td>2</td>
</tr>
<tr>
<td>EXAM VISIT ESSENTIALS</td>
<td>2</td>
</tr>
<tr>
<td>Managing Patient Expectations</td>
<td></td>
</tr>
<tr>
<td>Things to Look For During the Exam</td>
<td></td>
</tr>
<tr>
<td>- Patients with Previous Whitening Experience or with Naturally Light Teeth</td>
<td></td>
</tr>
<tr>
<td>- Translucency</td>
<td></td>
</tr>
<tr>
<td>- White (Opaque) Spots</td>
<td></td>
</tr>
<tr>
<td>- Inconspicuous Opaque Spots</td>
<td></td>
</tr>
<tr>
<td>- Dark Spots</td>
<td></td>
</tr>
<tr>
<td>- Geriatric Discoloration</td>
<td></td>
</tr>
<tr>
<td>- Tetracycline Staining</td>
<td></td>
</tr>
<tr>
<td>- Individual Dark Teeth</td>
<td></td>
</tr>
<tr>
<td>- Unusual Coloration</td>
<td></td>
</tr>
<tr>
<td>- Exposed Root Surfaces</td>
<td></td>
</tr>
<tr>
<td>- History of Sensitivity</td>
<td></td>
</tr>
<tr>
<td>- Presence of Existing Restorations</td>
<td></td>
</tr>
<tr>
<td>- Clenchers and Bruxers</td>
<td></td>
</tr>
<tr>
<td>- Previous Orthodontic Treatment (regardless of how long ago)</td>
<td></td>
</tr>
<tr>
<td>- Pregnancy and Nursing</td>
<td></td>
</tr>
<tr>
<td>KÖR WHITENING TREATMENT OPTIONS</td>
<td>8</td>
</tr>
<tr>
<td>KöR Home Whitening Systems</td>
<td></td>
</tr>
<tr>
<td>KöR Max Whitening System</td>
<td></td>
</tr>
<tr>
<td>KöR Ultra Whitening System</td>
<td></td>
</tr>
<tr>
<td>KöR Ultra-T Whitening System</td>
<td></td>
</tr>
<tr>
<td>KöR In-Office Power Whitening System</td>
<td></td>
</tr>
<tr>
<td>Special Circumstance Whitening Option</td>
<td></td>
</tr>
<tr>
<td>KÖR BITE-DOWN™ IMPRESSION TECHNIQUE</td>
<td>9</td>
</tr>
<tr>
<td>KÖR-SEAL™ TRAY FABRICATION</td>
<td>9</td>
</tr>
<tr>
<td>Using the KöR Laboratory</td>
<td></td>
</tr>
<tr>
<td>Fabricating Trays in Your Own Practice</td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>10</td>
</tr>
<tr>
<td>Some Regression is Normal</td>
<td></td>
</tr>
<tr>
<td>The Value of Periodic Maintenance</td>
<td></td>
</tr>
<tr>
<td>Accelerated Maintenance</td>
<td></td>
</tr>
<tr>
<td>The Rubber Band Analogy</td>
<td></td>
</tr>
<tr>
<td>KöR Whitening Maintenance Recommendation Forms</td>
<td></td>
</tr>
<tr>
<td>TROUBLESHOOTING</td>
<td>11</td>
</tr>
<tr>
<td>The Super-Sensitive Patient</td>
<td></td>
</tr>
<tr>
<td>How to Treat a Super-Sensitive Patient</td>
<td></td>
</tr>
<tr>
<td>Disappointing At-Home Whitening Results</td>
<td></td>
</tr>
<tr>
<td>WHAT TO CHARGE PATIENTS</td>
<td>14</td>
</tr>
</tbody>
</table>
You’ve already heard that KöR Whitening is amazing – that’s probably why you decided to give it a try. But please realize that KöR Whitening is an entire “system,” not just a product. It has a very specific protocol, with products developed with the specific physical and chemical properties to work best with that protocol.

This Getting Started Guide, in combination with the KöR Bite-Down Impression Technique video and Instructions for Use for whichever KöR Whitening kit you are using, will provide the basic information you need to treat your whitening cases.

The fact is, however, that at least 1/3 of all cases will be unusual in one way or another. As an additional resource to increase your understanding of the whitening process and science, please see the KöR Reference Manual, KöR Science Papers, and other materials available. All of this information is designed to help you provide the very best care for your patients, and consistently perform maximum whitening on all your patients.

If you need additional help with the KöR Whitening System, call us toll free at 866.763.7753 and speak with one of our Clinical Specialists.

All papers, manuals, guides, videos, forms and other material referred to are available for viewing and download at www.KoRCommunity.com

The clinical exam is critical to a successful whitening case. During the exam you can look for potential whitening complications, choose the appropriate whitening solution for your patient, and manage their expectations to ensure both you and your patient are satisfied with the results.

Managing Patient Expectations

Patients have various expectations about teeth whitening – some of which are unrealistic. Protect your patient and yourself by properly educating them about what they can reasonably expect from the whitening process before you begin. Remember, KöR Whitening is science - not magic.

The KöR Whitening Informed Consent form, provides information to manage patient expectations. However, many patients simply sign informed consent forms without reading and comprehending the information. It is therefore advisable that you read the informed consent with all whitening patients prior to whitening.

Things to Look For During the Exam

It is important to diagnose potential whitening complications prior to treatment. Failing to do so may create problems down the road. Here are some of the things you should look for during the exam.

Patients with Previous Whitening Experience or with Naturally Light Teeth

When you encounter patients who have effectively whitened before, or already have very light teeth, this can become a difficult situation. These patients often have unrealistic expectations. KöR Whitening will usually get them whiter; however, if the patient expects major additional whiteness, this may not be physically possible to achieve.

Patients with unrealistic whitening demands may be better served with use of porcelain.

Translucency

Excessive translucency within teeth is often not readily noticeable. Teeth sometimes appear dark because of a combination of staining and a dark gray color from translucency. The stain can be removed – translucency cannot. When translucent teeth are whitened, the stain is gone, leaving only the translucency. For a few days after whitening, most teeth appear temporarily more opaque. Often, translucency will not appear until several days after whitening is completed.
Most feel that whitened translucent teeth still look better than darker, un-whitened translucent teeth. But it is something your patient should understand prior to whitening.

**Testing for Translucency** – With your dental unit light on the patient’s teeth, place a white cotton roll against the lingual of the upper anterior teeth. If you find the teeth appear much whiter when the cotton roll is placed against the lingual, the teeth are significantly translucent, and the patient should be informed that whitening will remove the staining, but will not alter the translucency.

**Restorative Options for Translucent Teeth** – For more information about restorative options for translucent teeth, refer to the “Translucent Teeth – Restorative Options” section of the “Treatment and Restoration of Uniquely Difficult Cases” chapter in the KöR Reference Manual.

**White (Opaque) Spots**

Hypocalcified (opaque) enamel is more porous, and therefore absorbs peroxide bleaching factors like a sponge. The result is that these white areas become whiter, faster. This can be disconcerting for the patient if they have not been informed prior to treatment.

Whenever you have visible white spots, you will also have other hypocalcified areas that cannot be easily seen. These areas have less hypocalcification, so are not readily visible, but these areas will still absorb bleaching factors more quickly and become visible as “white spots” upon whitening.

These hypocalcified areas will quickly reach their maximum whiteness, and the surrounding tooth structure will whiten more slowly. Your patient should understand the white spots will always be there; however, the overall appearance is typically far better after whitening (see photos below).
Quite often hypocalcified white spot areas are due to fluorosis. These cases require the KöR Whitening Ultra kit, which includes 3-4 weeks of at-home whitening.

To learn more about opaque white spots and options to treat them, see the “White Spots – Treatment Options” and “Fluorosis Cases” sections of the “Treatment and Restoration of Uniquely Difficult Cases” chapter in the KöR Reference Manual.

**Inconspicuous Opaque Spots**
Inconspicuous opaque spots are exactly like the white opaque spots, except that the structure is pigmented and/or stained so that it blends in with the surrounding tooth structure. They can be difficult to spot unless you look very closely.

These opaque spots are also porous and also absorb bleaching factors faster. They will therefore become “white spots” (see the above section, “White (Opaque) Spots”).

**Dark Spots**
With KöR Whitening, the vast majority of dark spots will virtually disappear and not return if the patient is disciplined about maintenance.

Often dark spots are due to fluorosis, which requires the KöR Ultra Kit, and 3-4 weeks of at-home whitening. If you suspect this is a case of fluorosis, be sure to look for any inconspicuous opaque spots.

To learn more about brown spots, see the “Fluorosis Cases” section of the “Treatment and Restoration of Uniquely Difficult Cases” chapter in the KöR Reference Manual.

**Geriatric Discoloration**
Older patients have a lot of condensed intrinsic stain and debris within the microstructure of their teeth, and usually require the KöR Ultra Kit with 3-4 weeks of at-home whitening prior to the final in-office whitening visit to achieve the desired results.

**Tetracycline Staining**
Tetracycline staining can be difficult to spot in many cases. It may be banded or diffuse, and may even be barely visible. Given the inorganic nature of tetracycline stains, the mild appearing cases may be just as difficult to whiten as the very obvious cases.

We strongly recommend reading the following resources:
- The Tetracycline Summary
- The KöR Ultra-T Kit instructions
- The “Tetracycline Cases” section of the “Treatment and Restoration of Uniquely Difficult Cases” chapter in the KöR Reference Manual

Tetracycline cases require the KöR Ultra-T whitening kit, with 6-8 weeks of at-home whitening (most often 8 weeks) prior to the final in-office whitening visit.

**Individual Dark Teeth**
There are two typical causes of individually dark teeth: Previous endodontic therapy and calcific metamorphosis.

**Previous Root Canal Therapy**
For information regarding Internal Bleaching of dark teeth with previous root canal therapy, see the “Internal Bleaching” chapter in the KöR Reference Manual.

**Calcific Metamorphosis (usually due to previous trauma)**
This is the dark tooth that has not had root canal therapy. The canal has usually been partially or even fully mineralized, seen on radiographs.

The first step is the KöR® Ultra option with at least 4 weeks of at-home whitening. Typically the dark tooth will significantly ‘catch up’ with the surrounding teeth in terms of color; however, there will usually be some remaining discrepancy in color after whitening.
The vast majority of patients are very pleased with the result, but rarely is the color match absolutely perfect. If your patient prefers a more perfect color match after whitening, porcelain will be required on the darker tooth, and possibly more than just the one tooth.

Unusual Coloration
Sometimes the color of a patient’s teeth simply looks “unusual” and you have difficulty ascertaining why or even describing the unusual color. In these cases, regardless of which KöR Whitening system you select, be prepared for the possibility of additional weeks of at-home whitening prior to the in-office whitening.

Exposed Root Surfaces
If the patient has exposed root surfaces, these areas may or may not have sclerotic dentin; may or may not have open dentinal tubules; and may or may not be sensitive during whitening. Generally, if the patient does not state these areas are sensitive, if they are not sensitive upon air/water spray and are not sensitive to the use of a sharp explorer, we recommend covering all exposed roots to the gingival margins with the KöR-Seal Whitening Trays. However, if the exposed root surfaces are sensitive, we recommend ending the KöR-Seal Trays at the cemento-enamel junction (CEJ).

Exposed root surfaces should be discussed with the patient. If exposed roots are covered by the KöR-Seal Whitening Tray (even if they show no initial signs of sensitivity), there is a possibility these areas could become sensitive. If these areas are not covered by the whitening tray, the exposed areas will not whiten.

Further, the patient should understand that though exposed roots will become lighter when whitened, the enamel will whiten more effectively. Exposed root surfaces do not whiten as much as the enamel.

To learn more about potential sensitivity and treating unusual sensitivity, see the Solving Teeth Whitening Sensitivity Science Paper, and “The Super-Sensitive Patient” section in the “Troubleshooting” chapter of the KöR Reference Manual.
History of Sensitivity

Question your patient regarding any history of sensitivity, including previous whitening sensitivity; and examine for sensitivity with an air/water spray and sharp explorer. If the patient states a history of sensitivity (especially sensitivity to whitening), or you find the patient’s teeth are sensitive during the exam, assume the patient may have some level of sensitivity to the KöR Whitening process.

For patients you suspect may be unusually sensitive to whitening, consider the use of ibuprofen and potassium nitrate (Sensodyne ProNamel Toothpaste) for tooth brushing and applying in desensitizing trays prior to and during whitening. For more information regarding whitening sensitivity and how to treat unusual sensitivity, see the “Ibuprofen – At-Home and In-Office Use” chapter in the KöR Reference Manual, the Solving Teeth Whitening Sensitivity Science Paper, and “The Super-Sensitive Patient” section in the “Troubleshooting” chapter of this guide.

Presence of Existing Restorations

Existing restorations, such as composite resin and porcelain, will not lighten during teeth whitening procedures. Restorations may need to be replaced after whitening.

Clenchers and Bruxers

Examine the patient for excessive wear of anterior and/or posterior teeth due to bruxism. Nighttime clenching and grinding/bruxing may be problematic during whitening. Often the introduction of whitening trays will temporarily disrupt the clenching and/or bruxing of the patient. Therefore, even if the patient appears to clench and/or brux, it is likely that nighttime whitening will still be effective.

If the patient does clench/brux during tray whitening, the trays will flex, allowing rapid ingress of salivary peroxidase, and nearly immediate inactivation of the whitening gel. This clenching/bruxing may or may not permanently deform the whitening trays.

There are two ways to know if clenching/grinding is disrupting effective whitening:

1) We recommend patients bring their entire whitening kit, including the KöR whitening trays, to any visit. Try the trays on the models. If they have distorted, the patient is absolutely clenching or bruxing.

In this case, new trays will be necessary; as well as switching to daytime whitening as discussed below.

2) Should the patient’s trays not be distorted, however little whitening progress has been made, the cause may or may not be clenching/bruxing. Consult the “Troubleshooting” chapter of this guide, in the section titled “Disappointing At-Home Whitening Results”. Follow the instructions to investigate the cause of the poor whitening results. If you find no other obvious cause, you can reasonably assume the patient is clenching/bruxing, which has caused the trays to flex during whitening, and switching to daytime whitening is necessary.

A solution for clenching/grinding patients is to switch them to daytime whitening. KöR-Day Whitening Gel is specifically formulated for a more rapid release than the nighttime KöR-Night™ Whitening Gel. It is important to understand that daytime whitening will require a longer treatment time, more whitening gel, and may not achieve the same level of whitening success.

Having the patient wear the KöR whitening trays for 60 minutes, twice per day, is recommended. If the patient was originally planned for two weeks of nighttime whitening, you may need to have the patient whiten during the day for longer than two weeks. For information regarding daytime whitening refer to KöR-Day Instructions for Use and the “KöR Whitening Treatment Options” chapter of this guide.

Previous Orthodontic Treatment (regardless of how long ago)

Occasionally we find portions of facial tooth structure appear to be saturated with unfilled resin, such as resin bonding agent. Though it is nearly impossible to prove the cause of this, it may be due to longer/deeper etching in preparation for placement of orthodontic brackets.

All unfilled bonding resins discolor with time and may block whitening of tooth structure under the resin-saturated enamel. It is advisable to examine every whitening patient with a history of orthodontics, even if it has been years since their orthodontic treatment.
Pre and post-whitening photos of patient with orthodontic history 15-20 years prior to whitening. Notice central darker areas in the post-whitening photo corresponding to where orthodontic brackets had been placed.

Post-whitening photo of patient with orthodontic history 10 years prior to whitening. Notice central darker areas on cuspid and posterior teeth corresponding to where orthodontic brackets had been placed. According to the treating dentist, similar darker large spots had been present on the incisors after KöR Whitening. However, after significant use of finishing burs and abrasive discs on the dark areas of the incisors, the dark areas were mostly removed.

After only 3 days of at-home KöR Whitening of this 15 year-old patient who completed orthodontic treatment only two months prior to the start of whitening.

Low viscosity orthodontic acid etchant is currently more popular than the high viscosity etch more commonly used some years ago. Low viscosity etchant will spread out, covering most of the facial surface of the tooth. Notice the glossy reflection of light and darker color consistent with resin saturation of enamel over most of the facial surfaces. The only whitening seen is a narrow rim around the perimeter of the facial surfaces.

If after close inspection of patients with a history of orthodontic treatment, you suspect possible remaining facial resin saturation of enamel, you may perform an "etch test" for presence of resin saturation.

**Etch Test** – place a small (~ 1.5mm diameter) dot of etchant in the middle of a suspected resin saturated area. Rinse the etch off after 15 seconds and dry. If no etched enamel pattern is seen, place etch in the same spot again for another 15 seconds. If an etch pattern is not found, it is likely the enamel is saturated with resin. If an excellent, dull etched surface is seen after rinsing and drying, this indicates there is probably no resin saturation.

If resin saturation is confirmed, inform the patient the teeth may not whiten well. If whitening is undertaken, and darker resin saturation areas remain, other treatment options such as attempted removal of the saturated enamel with...
After performing the exam, you and your patient can select the KöR Whitening System that best suits their needs. We have created a complete family of whitening systems to fit any patient. For additional information regarding any of the systems below, see the Instructions for Use for each system.

**KöR Home Whitening Systems**
The KöR Home Whitening Systems offer at-home whitening that consistently produces amazing results. KöR Home systems are available for nighttime whitening as well as daytime whitening.

**KöR-Night™**
Nighttime whitening is always more effective than daytime whitening. This option provides a great whitening result for the average patient at the lowest cost.

**Treatment:** KöR Impression; fabrication of KöR whitening trays; 2 weeks of at-home nighttime whitening with KöR-Night 16% carbamide peroxide; and periodic at-home maintenance.

**KöR-Day™**
The daytime at-home whitening system is for those patients who prefer not to wear, or are unable to wear KöR whitening trays during sleep. KöR-Day may also be used for the super-sensitive patient who can only tolerate wearing whitening trays for very short periods.

**Treatment:** KöR Impression; fabrication of KöR whitening trays; 2 or more weeks of at-home daytime whitening once or twice a day with KöR-Day 9% hydrogen peroxide; and periodic at-home maintenance.

**KöR Max Whitening System**
A versatile and super-effective whitening system that combines at-home whitening with a single in-office whitening visit. This option provides the very best possible whitening result for the average patient.

**Treatment:** KöR Impression; fabrication of KöR whitening trays; 2 weeks of at-home nighttime whitening with KöR-Night 16% carbamide peroxide; in-office whitening visit utilizing KöR 34% Dual-Activated, Tri-Barrel™ Hydremide® Peroxide gel with retractors and paint-on gingival barrier; and periodic at-home maintenance.

**KöR Ultra Whitening System**
Astonishing whitening results on stubborn cases such as fluorosis and dark geriatric staining.

**Treatment:** KöR Impression; fabrication of KöR whitening trays; in-office conditioning visit utilizing KöR 13% Dual-Activated, Tri-Barrel Hydremide Peroxide gel delivered in KöR whitening trays (no need for retractors or paint-on gingival barrier); 3-4 weeks of at-home nighttime whitening; in-office whitening visit utilizing KöR 34% Dual-Activated, Tri-Barrel Hydremide Peroxide gel with retractors and paint-on gingival barrier; and periodic at-home maintenance.

**KöR Ultra-T Whitening System**
Specifically developed to deliver exceptional results on cases of tetracycline staining.

**Treatment:** KöR Impression; fabrication of KöR whitening trays; in-office conditioning visit utilizing KöR 13% Dual-Activated, Tri-Barrel™ Hydremide® Peroxide gel delivered in KöR-Seal Whitening Trays (no need for retractors or paint-on gingival barrier); 6-8 weeks of at-home nighttime whitening; in-office whitening visit utilizing KöR 34% Dual-Activated, Tri-Barrel™ Hydremide® Peroxide gel with retractors and paint-on gingival barrier; and periodic at-home maintenance.

**Pregnancy and Nursing**
Female patients should be asked if they are or may be pregnant, or if they are nursing prior to whitening. Whitening is contraindicated on pregnant females, and nursing mothers should consult with their pediatrician before whitening. Refer to the “Pregnancy, Nursing and Whitening” chapter in the KöR Reference Manual.

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**KÖR WHITENING TREATMENT OPTIONS**

After performing the exam, you and your patient can select the KöR Whitening System that best suits their needs. We have created a complete family of whitening systems to fit any patient. For additional information regarding any of the systems below, see the Instructions for Use for each system.
KöR In-Office Power Whitening System

Though no in-office-only whitening system is scientifically capable of predictable, long-lasting results, KöR’s constant refrigeration and Tri-Barrel delivery system greatly enhance the ability to rapidly penetrate tooth microstructure and provide the most effective in-office whitening possible.

This option may be used for patients who object to wearing whitening trays at home; however, they should understand that whitening results of any in-office-only power whitening system are more unpredictable than other options and may need to be repeated in the future to maintain Whiteness.

Treatment: In-office whitening visit utilizing KöR 34% Dual-Activated, Tri-Barrel Hydremide Peroxide gel with retractors and paint-on gingival barrier.

Special Circumstance Whitening Option

Occasionally there are situations where an in-office whitening is desired following at-home whitening; yet use of retractors, paint-on gingival barrier and high concentration power whitening gel is contraindicated. This may be due to unusual sensitivity of the patient, or simply a dental practice wishing to avoid the time necessary to place paint-on gingival barrier.

Though 13% will not provide the same whitening results as the 34%, 13% KöR Hydremide Peroxide may be used, applied in KöR whitening trays without use of paint-on gingival barrier, instead of 34% Hydremide Peroxide. Contact a KöR Clinical Specialist for more information.

KÖR BITE-DOWN™ IMPRESSION TECHNIQUE

The impression is one of the most critical steps, and the KöR Bite-Down Impression Technique is helpful in achieving quality impressions which will lead to the best possible whitening result for your patient. We have provided two resources for your use:

Video: Review the KöR Bite-Down Impression Technique video on KoRCommunity.com.

Written Instructions: Refer to the “KöR Bite-Down Impressions” chapter in the KöR Reference Manual.

KÖR WHITENING TRAY FABRICATION

Using the KöR Laboratory

The KöR Lab was created exclusively for the convenience of KöR Whitening customers. Your KöR Start-Up Kit includes free lab cases, and we urge you to use them so you can see how precisely KöR-Seal Trays fit.

To use the KöR Laboratory simply log onto www.KoRCommunity.com to download a lab slip and view information on sending impressions to the KöR lab.

Fabricating Trays in Your Own Practice

For those dental practices preferring to fabricate the KöR whitening trays and desensitizing trays in their own offices, we do offer instructions:

Video: Review the KöR Whitening Tray Fabrication video on KoRCommunity.com.

Written Instructions: Refer to the “KöR Whitening Tray Fabrication” chapter in the KöR Reference Manual.
It is important to inform the patient that simple ongoing periodic at-home maintenance after whitening is completed will lead to a lasting result, without having to eliminate their favorite staining foods from their diet. The frequency of this maintenance will depend on how they respond initially to KöR Whitening, how staining their diet is and how enthusiastic they are about maintaining whiteness in the long term.

**Some Regression is Normal**

Patients should understand there will routinely be some amount of regression after the whitening process, and that regression is more accurately described as the color “normalizing” so that the teeth appear more natural.

Immediately after the active phase of KöR Whitening, and after any in-office whitening visit, patients will usually have a few nights of at-home whitening gel left. The patient should continue whitening every night until the whitening gel is gone. After this, or after Accelerated Maintenance (see below), all patients should be directed to wear their KöR whitening trays, with whitening gel, a minimum of one night per month indefinitely.

If you have a particularly resistant patient, or someone who has teeth that absorb stain very quickly or a patient who constantly consumes the most staining beverages possible, you may need to recommend a twice monthly Long-Term Maintenance program. In rare, very difficult cases, the patient may even require more than twice monthly maintenance. When patients need more frequent maintenance, daytime maintenance with KöR-Day also works well.

**The Value of Periodic Maintenance**

Periodic maintenance has the following benefits:

- Patients do not have to give up or reduce their favorite staining foods and beverages.
- Patients continue to be excited about their white teeth, resulting in long-term continuing referrals to your practice.
- Patients are encouraged to maintain a consistent recall schedule in your office to purchase more gel.
- Highly successful whitening increases patient confidence in their dentist, resulting in greater acceptance rates of necessary and elective treatment recommended.

**Accelerated Maintenance**

To ensure maximum continued results, we encourage offering an Accelerated Maintenance program to all KöR Whitening patients. This especially applies to difficult cases such as tetracycline staining, fluorosis, geriatric patients, etc.

An Accelerated Maintenance program begins after the in-office whitening visit and after your patient has used up their remaining at-home whitening gel. An example of Accelerated Maintenance would be to have your patient start wearing the trays:

- Three nights per week for a month, then
- Two nights per week for a month, then
- One night a week for a month, then
- One night every-other week for a month.

In very severe cases, such as a difficult tetracycline stained case, you might start out at 5 nights a week, while others you may start out with only two nights per week. This will depend on the particular case, the enthusiasm of the patient, the expectations of the patient, your experience, etc.
After Accelerated Maintenance, the color is as set as it will ever be, and patients continue with a standard Long-Term Maintenance protocol.

The Rubber Band Analogy
When suggesting Accelerated Maintenance, we suggest explaining the following Rubber Band Analogy to your patient.

“Think of KöR Whitening like a rubber band. If you cut a rubber band and pull it out straight so that it doesn’t droop (but you’ve not stretched it at all yet), the length of that rubber band would represent the typical conventional whitening color change you might expect. But you know that KöR Whitening stretches that envelope of whitening, so now stretch the rubber band to about twice its length or more. That represents what you may have achieved with KöR Whitening.

But now release the rubber band and watch it spring back. Rarely will extreme whitening results regress this much, but this will help the patient understand.

Next, in your mind, stretch that rubber band again. But this time clip each end of the stretched rubber band to something so that it stays stretched. Leave it there for 2-3 months. After 2-3 months, release it. By now the rubber band has lost much of its elasticity, and it didn’t spring back much at all. It works the same way with KöR Whitening cases that may be susceptible to more rebound.”

Patients understand this analogy. Offering patients Accelerated Maintenance after whitening ensures the best possible long-term whitening result.

KöR Whitening Maintenance Recommendation Forms
After whitening is completed, the doctor should determine the appropriate frequency of Long-Term Maintenance, as well as any Accelerated Maintenance, to recommend for the patient. The KöR Whitening Maintenance Recommendations Form is available for this purpose. Nighttime whitening is always more effective than daytime whitening, so nighttime whitening maintenance is usually recommended over daytime maintenance.

The Super-Sensitive Patient
Occasionally a patient requires more than KöR desensitizer once daily to tolerate whitening. To learn the science and histology related to whitening sensitivity, see the Solving Teeth Whitening Sensitivity Science Paper. Also see the “KöR Desensitizers” chapter in the KöR Reference Manual.

Please note that difficult cases, requiring longer at-home treatment times, sometimes encounter more sensitivity and require the following options to further combat sensitivity.

How to Treat a Super-Sensitive Patient
1. Incorrect Desensitizer Application Technique – Sometimes a patient that experiences unexpected sensitivity is due to incorrect KöR desensitizer application technique.

   Ask the patient to stop by the dental office and bring all of the contents of their KöR Whitening kit. Ask the patient to demonstrate exactly how they have been applying the desensitizer.

   Confirm the patient is following the instructions presented in the patient video and make any needed corrections. Correct the patient’s technique and follow up with the patient in 24 hours.

   If the patient has been following the proper technique, or if you correct the patient’s technique and the patient still has no relief within 24 hours, any combination of the following may be recommended.

2. Brush with Sensodyne® ProNamel® Toothpaste – Prior to whitening, if you suspect your patient may be sensitive, have the patient switch to Sensodyne ProNamel Toothpaste, which contains 5% potassium nitrate, one or two weeks prior to the start of whitening. Or if the patient experiences sensitivity during whitening, have the patient switch to ProNamel.
3. **NSAIDs** – Place your patient on NSAIDs (confirm no medical sensitivity to NSAIDs first): Ibuprofen during the day (because it tends to be very effective), and naproxen sodium (such as Aleve®) at night (because of longer blood life). For more information see the “Ibuprofen – At-Home and In-Office Use” chapter in the KöR Reference Manual.

4. **Use KöR Teeth Desensitizer multiple times per day** – have the patient swab every evening and every morning with the desensitizing swabs. If necessary, you may recommend swabbing three times per day. Additional KöR teeth desensitizer is available from KöR Whitening.

5. **Use KöR Desensitizing Trays with potassium nitrate** – Sensodyne ProNamel Toothpaste is the simplest and most cost effective potassium nitrate product to use in desensitizing trays. It contains the highest allowable concentration of potassium nitrate (5%) and sodium fluoride; and contains no sodium lauryl sulfate or tartar control, which could irritate soft tissues and teeth.

   Fabrication of KöR Desensitizing Trays: Desensitizing trays may be made using the same models used for KöR whitening trays, but should cover 1-1.5mm of gingival tissue with straight (not scalloped) margins.

   *Have the patient wear the Desensitizing Trays with ProNamel Toothpaste in the trays:*
   
   i. For 30-45 minutes each time
   ii. Immediately prior to whitening
   iii. Immediately after whitening
   iv. As often as they would like throughout the day

If you suspect unusual sensitivity prior to whitening, the patient may start brushing with ProNamel Toothpaste one or two weeks prior to whitening, and wearing the desensitizing trays with ProNamel for 2 days prior to the start of whitening.

If the above five combined protocols have not controlled sensitivity, add the following:

6. **Wear whitening trays every other night and continue all steps above every day.** The same number of whitening nights must be accomplished. For example, 4 weeks of every-other night whitening instead of 2 weeks of nightly whitening.

   – OR –

7. **Switch your patient to daytime whitening with KöR-Day™ Whitening Gel.** Have the patient start wearing the whitening trays for only 10 minutes. Increase the wearing time every day until the patient is unable to tolerate, and then slightly reduce the wearing time to a tolerable level.

   **ALERT** – *If the patient is at the higher end of unusual sensitivity, this patient may not be a candidate for 34% Hydremide® Peroxide gel in-office whitening. If this patient is super-sensitive and cannot tolerate nightly whitening, the patient should understand they will have a less dramatic whitening result.*

   If the super-sensitive patient would still like to do an in-office whitening visit, consider use of KöR 13% Hydremide Peroxide gel.


**Disappointing At-Home Whitening Results**

If your patient has not achieved the expected result from at-home whitening, do not perform the in-office whitening yet. There are several possible reasons your patient may not have the expected result from at-home whitening:

- this may be a super-resistant case (even though it looks like an average case).
- the KöR whitening trays don’t fit and seal like they should.
- the patient may be an aggressive nighttime clencher/grinder, causing the trays to move and flex, resulting in rapid ingress of salivary peroxidase into the whitening trays, destroying the whitening gel quickly.
- after inserting the KöR whitening trays, the patient may not have been pushing the trays back against the teeth/gums as instructed (which allows salivary peroxidase to enter the trays, causing destruction of the whitening gel).
• the patient may have been pushing the trays back against the teeth with too much force (and pushing out the
  whitening gel).
• the patient has not been putting enough gel in the trays (which also allows salivary peroxidase ingress and
destruction of the gel).
• the patient may not have been compliant with wearing the trays at home every night.

To determine the true cause of the disappointing results, your staff should remind the patient to bring in all
components of their whitening kit to the final visit – even the empty whitening gel syringes.

Checking the KöR Whitening Trays

The first thing to do is confirm the fit of the KöR whitening trays. Without well-designed and well-sealing KöR
whitening trays, you will never achieve maximum KöR Whitening results.

If the trays do not fit/seal well, it might be because the KöR whitening trays didn’t seal well in the first place. In this
case, it’s time for new impressions and new trays.

The trays may have become distorted by being placed in the tray case improperly, or allowed to become hot. In this
case, new trays could be made from the existing patient models or impressions.

If the patient is a heavy nighttime grinder/bruxer, and the trays have been permanently distorted by nocturnal bruxism
or clenching, new whitening trays will be necessary and the patient should be switched to daytime whitening with
KöR-Day whitening gel.

If the KöR-Seal Whitening Trays Fit Properly

If the trays fit and seal well, here are a few suggestions for insuring the patient is using them correctly:

• Ask the patient how much whitening gel he or she has left. If the patient has more than one half of one
  syringe left after 2 weeks of whitening, the patient may not have been putting enough gel in the trays, or may
  not have been wearing the trays every night.
• Ask the patient to fill just one or two reservoirs (such as the upper central incisors) of their KöR whitening
  trays with whitening gel and to insert the trays. If the patient does not push or tap the trays back against
  the teeth/gums, and/or the patient has not put enough gel into the tray (excess gel should just peek over
  the edge of the tray when pushed back against the teeth), the patient has probably been making the same
  mistake at home, even if they do not admit it.

If you find any of the above errors by the patient, review proper at-home technique, provide the patient with
additional at-home whitening gel, and have the patient continue at-home whitening. If an in-office whitening visit is
scheduled, do not perform the in-office visit until the expected at-home whitening results have been achieved.

If the wear patterns of the patient’s teeth indicate he or she is a clencher/bruxer, yet the trays fit well and the
patient appears to have been doing everything correctly, it is likely the patient has been bruxing during whitening,
but has not permanently deformed the trays. In this case, consider switching the patient to daytime whitening
with KöR-Day gel.
If the Patient is a Clencher/Bruxer and Must be Switched to Daytime Whitening

- Rapid-release KöR-Day whitening gel should be used.
- The patient should understand that daytime whitening requires more weeks of at-home whitening than nighttime whitening, and that daytime whitening rarely achieves the same dramatic results as nighttime whitening.

The Normal Appearing Patient Who Turns Out to Be Truly Resistant

If the KöR whitening trays fit well, the patient does not appear to be a bruxer, it seems that the patient has done everything correctly and you suspect this is truly a case of super-resistant teeth, you should treat this case like you would a tetracycline stained case (the patient should whiten at home for a total of 6-8 weeks prior to the in-office whitening visit).

WHAT TO CHARGE PATIENTS

Our surveys of current KöR Whitening providers show fees tend to be all over the board and are determined by several factors.

There are several things to consider when setting your fees:

- Where is your practice located and what type of patients do you treat?
- Does your office have higher or lower fees than most practices in your area?
- Do you delegate most steps to your staff, or does the doctor perform most of the steps?
- Which KöR Whitening System option(s) do you use?
- What are your goals?
  - Will KöR Whitening be used only for practice income?
  - Are you trying to impress your patients to get more referrals and more requests for additional cosmetic treatment (replacement of existing darker restorations, orthodontic procedures, composite bonding, porcelain veneers, etc.)?
  - Are you trying to stimulate recall visits with whitening maintenance?

Once you have determined the role of the KöR Whitening System in your office, you will have a clearer idea of what fees to charge your patient. If you have questions, please contact a KöR Whitening Specialist.