



## INFORMED CONSENT FOR ZOOM TOOTH WHITENING

### DESCRIPTION OF THE PROCEDURE

ZOOM in-office tooth whitening is a procedure designed to lighten the color of my teeth using a combination of a hydrogen peroxide gel and a specially designed ultraviolet lamp. The ZOOM treatment involves using the gel and lamp in conjunction with each other to produce maximum whitening results in the shortest possible time. During the procedure, the whitening gel will be applied to my teeth and my teeth will be exposed to the light from the ZOOM lamp for three 15 minute sessions. Prep time will take 60-90 minutes and I understand I will be in the office up to 3 hrs. During the entire treatment, a plastic retractor will be placed in my mouth to help keep it open and the soft tissues of my mouth (i.e., my lips, gums, cheeks, and tongue) will be covered to ensure they are not exposed to either the gel or light. Lip balm (SPF rating: 30+) may also be applied as needed and I will be provided an ultraviolet light filter for my eyes. After the treatment is completed, the retractor and all gel and tissue coverings will be removed from my mouth.

### RISKS OF TREATMENT

I also understand that ZOOM treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from ZOOM whitening treatments and significant whitening can be achieved in most cases. I understand that ZOOM whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers, or porcelain, composite, or other restorative materials and that people with darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. **I understand that teeth with multiple colorations, bands, splotches, or spots due to tetracycline use or fluorosis do not whiten at all.** I understand that teeth with many fillings, cavities, chips or cracks may not lighten and are usually best treated with other non-bleaching alternatives.

I understand that ZOOM treatment is not recommended for pregnant or lactating women, light sensitive individuals, patients receiving PUVA (Psoralen + UVA radiation) or other photochemotherapeutic drugs or treatment, as well as patients with melanoma, diabetes, or heart conditions. I understand that the ZOOM Lamp emits ultraviolet radiation (UVA and UVB) and that patients taking any drugs that increase photosensitivity should consult with their physician before undergoing ZOOM treatment.

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**I understand that the results of my ZOOM treatment cannot be guaranteed.**

I understand that although my dentist has been trained in the proper use of the ZOOM whitening system, the treatment is not without risk. I understand that some of the potential complications of this treatment include, but are not limited to:

**Tooth Sensitivity / Pain**

**Gum / Lip / Cheek Inflammation**

**Dry / Chapped Lips**

**Cavities or Leaking Filling** – Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking and allowing gel to penetrate the tooth are present, I should have my cavities filled or my fillings re-done before undergoing the Zoom treatment.

**Cervical Abrasion / Erosion** – These are conditions which affect the roots of the teeth when the gums recede and they are characterized by grooves, notches and / or depressions that appear darker than the rest of the teeth, where the teeth meet the gums. These appear darker because they lack the enamel that covers the rest of the teeth and may not whiten as much as other areas.

**Relapse** – After the Zoom treatment, it is natural for teeth that underwent the Zoom treatment to regress somewhat in their shading after treatment. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. Treatment usually involves wearing a take-home tray or repeating the Zoom treatment. I understand that the results of the Zoom treatment are not intended to be permanent and secondary, repeat or take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

I understand that after treatment, I will be required to refrain from consuming any substances that could discolor my teeth for the first 48 hours after treatment. These substances include: coffee, tea, colas, ALL tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, and all red sauces.

The basic procedures of ZOOM treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dentist and my dentist has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the Zoom treatment and that I agree to undergo the treatment as described by my dentist.

**SIGNATURES**

Patient' Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's name printed \_\_\_\_\_

Dentist's Signature \_\_\_\_\_ Date \_\_\_\_\_



### Photoreactive Drug Information

The following medications are commonly considered to be photoreactive and may cause an adverse condition if used in conjunction with the Zoom system. If you are currently taking any of these medications, please consult with your physician before going through the Zoom procedure. To check photoreactive properties of any medications not listed below, please consult the most recent edition of the Physician's Drug Reference.

<b>Generic Name</b>	<b>Trade Name</b>
Chlorthiazide	Aldoclor, Diapres, Diuril
Hydrochlorothiazide	Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril, Iopressor, Orotic, Moduretic
Chlorthalidone	Combipres, Tenoretic, Hygroton
Naprosyn	Naproxen
Oxaprozin	Daypro
Nabumentone	Relafen
Piroxicam	Feldene
Doxycycline	Vibramycin, Doryx
Ciprofloxacin	Cipro
Ofloxacin	Floxin
Psoralens	Methoxsalen, Trisoralen
Democlocyline	Declomycin
Norfloxacin	Chibroxin, Noroxin
Sparfloxacin	Zagan
Sulindac	Clinoril, Sulindac
Tetracycline	Achromycin
St. John's Wart	
Isotretinonoin	Accutane
Tretinoin	Retin A

#### Patient Acknowledgement

I have read the list above and understand that the medications listed, if taken, can have an adverse reaction when used with the Zoom System, I also acknowledge that I do not currently take any of these prescribed medications.

Patient Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_