

Informed Consent for Zoom!® Tooth Whitening Treatment

INTRODUCTION

This information has been given to me so that I can make an informed decision about having my teeth whitened. I may take as much time as I wish to make my decision about signing this informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. My dentist has informed me that my teeth are discolored and could be treated by in-office whitening (also known as “bleaching”) of my teeth.

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 3 to 4, 15-minute sessions. 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. Before and after the treatment, the shade of my upper-front teeth will be assessed and recorded.

ALTERNATIVE TREATMENTS

I understand I may decide not to have the Zoom! treatment at all. However, should I decide to undergo the treatment, I understand there are alternative treatments for whitening my teeth for which my dentist can provide me additional information. These treatments include:

- Whitening Toothpastes/Gels
- Other In-Office Whitening Treatments
- Take-Home Whitening Kits

COST

I understand that the cost of my Zoom! treatment is determined by my dentist. I understand that my dentist will inform me if there are any other costs associated with my Zoom! treatment.

RISKS OF CONSENT FOR 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 as well, may need multiple treatments or may not whiten at all. I understand that teeth with many fillings, cavities may not lighten and are usually best treated with other non-bleaching alternatives. I understand that provisionals or temporaries made from acrylics may become discolored after exposure to Zoom! treatment.

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

I understand that the results of my Zoom! Treatment cannot be guaranteed.

I understand that in-office whitening treatments are considered generally safe by most dental professionals. 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 – During the first 24 hours after Zoom! treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain following a Zoom! treatment subsides within 24 hours, but in rare cases can persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after Zoom! treatment.

(continued on other side)

Zoom!

Professional Chairside Whitening System

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 (PDR).

<u>Generic Name</u>	<u>Trade Name</u>
Chlorthiazide	Aldoclor, Diupres, Diuril
Hydrochlorothiazide	Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril, Lopressor, Orotic, Moduretic
Chlorthalidone	Combipres, Tenoretic, Hygroton
Naprosyn	Naproxen
Oxaprozin	Daypro
Nabumetone	Relafen
Piroxicam	Feldene
Doxycycline	Vibramycin, Doryx
Ciprofloxacin	Cipro
Ofloxacin	Floxin
Psoralens	Methoxsalen, Trisoralen
Democlocycline	Declomycin
Norfloxacin	Chibroxin, Noroxin
Sparfloxacin	Zagan
Sulindac	Clinoril, Sulindac
Tetracycline	Achromycin
St. John's Wart	
Isotretinoin	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.

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Patient Signature

Print Name

Date