

## Consent for ZOOM! In-Office 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 hydrogen peroxide gel and a specially designed ultraviolet lamp. 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 3-4 (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 light or the gel. Lip balm (SPF rating 30+) may also be applied as needed and I will be provided with 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 that I may decide not to have the *ZOOM* treatment at all. Other alternatives include Whitening Toothpastes/Gels or 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 TREATMENT

**Tooth Sensitivity/Pain-** During the first 24 hours after *ZOOM* treatment, many patients can experience some tooth sensitivity or pain. Normally, tooth sensitivity or pain following a *ZOOM* treatment subsides after a few days, but it may persist for longer periods of time in susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces and occlusal wear facets (severely worn teeth), damaged or missing enamel, 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.

**Gum/Lip/Cheek Inflammation-** Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel or the ultraviolet light. The inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel or ultraviolet light.

### Dry, Chapped Lips

**Cavities or Leaking Fillings-** 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, significant pain and damage to the tooth could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings redone before undergoing *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 because they lack the enamel that covers the rest of the teeth. Even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity, pain and possible damage to the nerve. I understand that if my teeth have these conditions, I should not undergo the *ZOOM* treatment.

**Root Resorption-**This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

**Relapse-** After the *Zoom* treatment, it is natural for teeth that underwent to *ZOOM* treatment to regress somewhat in their shading after the treatment. This is natural and should be very gradual, but it can be accelerated by exposing teeth to various staining agents. 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 all 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, red sauces. I understand that there are other substances that could discolor my teeth which I should avoid during the first 48 hours after treatment. Since it is impossible to state every complication that may occur as a result of the *ZOOM* treatment, the list of complications in this form is incomplete.

## **SIGNATURES**

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give permission for *ZOOM* treatment to be performed on me.

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

Date \_\_\_\_\_

Doctor Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_