



Informed Consent for Philips Zoom! Tooth Whitening Treatment

Zoom in-office tooth whitening is a procedure designed to lighten the shade of teeth using a combination of hydrogen peroxide gel and a specially designed LED light. This treatment involves using the gel and light in conjunction to produce maximum whitening results in a short amount of time.

During the procedure, the whitening gel is applied to teeth and exposed to the Zoom LED. A plastic retractor is used to help keep the mouth open and protect soft tissues (lips, gums, cheeks and tongue). Eye protection will be provided to protect from UV rays as well. After the treatment is completed, the retractor and all gel and tissue coverings will be removed. The procedure is completed in 15-minute intervals. Before whitening, an image will be taken of the shade of the front teeth, which will be compared to results every 15 minutes. You can make the decision to continue whitening or decide to stop at any time.

LIMITATIONS OF TREATMENT

- **The results of Zoom Treatment cannot be guaranteed.**
- Results will vary due to a variety of circumstances. Teeth will stain again over time depending on diet and habits.
- Tooth sensitivity is expected post-treatment. Follow all post-operative instructions to alleviate this sensitivity.
- Zoom whitening treatments will not lighten artificial teeth, crowns, veneers, or fillings. These restorations would need to be replaced to match any whitened teeth.
- Darkly stained yellow or yellow-brown teeth usually have better results than gray or bluish-gray teeth.
- Teeth with discolorations, bands, blotches or spots caused by tetracycline use or fluorosis may not whiten at all.
- Gum recession may expose parts of the teeth that are not covered by enamel which do not whiten well.
- Previous orthodontic treatment may cause teeth to whiten unevenly wherever brackets were used.
- Those with PFM (porcelain fused to metal) crowns, amalgams, lingual bars or implants may feel excess heat.
- It is recommended that those currently treated for a serious illness or disorder (e.g. immune compromised, AIDS, etc) should consult a medical doctor before starting treatment.
- **Zoom treatment is not recommended for pregnant or lactating women.**

Whitening (or bleaching) procedures are considered elective- therefore, any existing dental issues must be addressed prior to starting treatment. Although In-office whitening treatments are safe and non-invasive, there is some risk involved with any procedure. Some of the potential complications of whitening include, but are not limited to:

Tooth Sensitivity or Pain— After Zoom treatment, it is normal to experience some tooth sensitivity or pain. Tooth sensitivity following the procedure generally subsides within 24-48 hours, but can persist longer in some patients. Those with prior sensitivity, gum recession, and large fillings are more susceptible. Rinse with fluoride mouthwash and brush with fluoride toothpaste to alleviate sensitivity- the fluoride will re-mineralize and protect teeth over time.

Soft Tissue Inflammation/Burn – Improper isolation during the procedure may cause or result in inflammation or a chemical burn of your gums, lips or cheeks due to exposure of a small area of those tissues to the whitening gel. The inflammation or burn is temporary and will subside in a few days.

Cavities or Leaking Fillings – If any cavities or fillings are open, allowing gel to penetrate the tooth, significant pain could result. Therefore, any existing dental work must be completed before starting the whitening procedure.

Relapse – After a whitening treatment, it is inevitable for teeth to become stained again. This is normal and should be gradual, but the staining will be accelerated by exposure to smoking, drinking coffee, red wine, etc. Take-home trays will be given following the procedure to be used with whitening gel periodically to address any discoloration. Secondary treatment may be necessary to achieve desired results.



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I understand I may decide not to have the Zoom treatment at all. 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, Porcelain Crowns, Veneers or Composites.

The safety, efficacy, potential complications and risks of Zoom treatment have been explained to me by my dentist. By signing this document in the space provided I indicate that I have read this informed consent (or it has been read to me). I fully understand the entire document and the possible risks, complications and benefits that can result from the Zoom treatment, and I wish to have the Zoom whitening procedure completed.

I, _____ (print name) have been fully informed of the procedure to be performed. I understand the risks and benefits of the procedure, alternative treatments, and the necessity for follow-up and self care. I am aware that additional treatment may be necessary. I have had an opportunity to ask my doctor any questions, all of which have been answered to my satisfaction.

Patient Signature

Date

Provider Signature

Date

Witness Signature

Date