

ZOOM WHITENING
Informed Consent Information

A brighter smile can help you feel better about yourself and make a memorable impression. No matter the discoloration, Philips Zoom is safe and effective to give you a brighter smile.

As we get older, our teeth pick up stains from certain foods, drinks, and personal habits. These stains, also known as extrinsic stains, are easy to remove with a bleaching solution. However, many store-bought bleaching products leave people dissatisfied with the results.

WHAT IS ZOOM TEETH WHITENING? HOW DOES IT WORK?

There are two types of Zoom Whitening to get started:

- Professional In-Office Whitening: a high-concentration bleaching gel is applied to your teeth. This option provides instant results and involves a Zoom light to help the process. During the procedure the whitening gel will be applied to my teeth and my teeth will be exposed to the Zoom lamp for four (4) to eight (8) 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. I will be provided a visible LED light filter for my eyes. Following treatment, the retractor and all gel and tissue covering will be removed from my mouth. The shade and color of teeth will be recorded before and after treatment. I will be given custom whitening trays and syringes following my whitening appointment (that day or a later date) which can be used to maintain whitening levels later when relapse may be noted.
- Professional Take Home Whitening: provides effective results with the use of whitening gel in a custom-fit tray and may take 2 weeks to achieve desired results.

Teeth whitening is a procedure that is designed to lighten the color of your teeth. When done by a licensed professional and completed properly, whitening should not harm your teeth or gums. Significant lightening can be achieved in the majority of cases, but particular. **RESULTS CANNOT BE GUARANTEED.** There are many variables that can affect the outcome of the procedure, such as the type of discoloration that affects your teeth, the degree to which you follow the instructions, and the overall condition of your teeth.

AM I ELIGIBLE FOR WHITENING?

Whitening requires a healthy mouth. Tooth decay could result in a tooth ache with whitening. We recommend a cleaning and exam before starting professional whitening.

PRECAUTIONS

- **Tooth Sensitivity**: During the first 24 hours following whitening many patients experience sensitivity. This sensitivity is usually mild unless your teeth are normally sensitive. With in-office whitening, this sensitivity will usually subside within 1-2 days. With take-home whitening, it may be necessary to reduce the number of hours you wear the trays or stop using it for a short time to resolve the sensitivity. We will provide a desensitizing solution to reduce this sensitivity.
- **Gum Irritation**:
 - Whitening may cause temporary inflammation of your gums. With In-office whitening, this can be the result of very small amount of gel leaking under the gum protection. A burning sensation in your gums may also occur. This is a minor problem and will subside within a few days.
 - With take-home whitening, irritation can result from using the whitening tray too many hours when you first start whitening or using the tray too many hours in a row without a break. It may be necessary for you to reduce the number of hours you are wearing the tray or stop using it for a short time to resolve these gum problems. The tray may also overlap your gums, allowing the gel to contact your gums for an extended period. This problem can be resolved by returning to this office so that we can trim the tray to a position slightly short of your gums.
- **Cervical Abrasion / Eorison**: these are condition which affect the roots of the teeth when gums recede and they are characterized as grooves, notches, and/or depressions that appear darker than the rest of the teeth, where the teeth meet the gums. These areas may become sensitive if they come into contact with the whitening gel and may need to be covered with a dental dam or similar appliance prior to treatment.
- **Leaking Fillings or Cavities**: Most whitening is indicated for the outside of the teeth (unless you already had a root canal). However, if you have any fillings that are leaking and the gel gets into the inside of the teeth, damage to the nerves of the tooth could result. In this case, the fillings need to be redone prior to the whitening. All cavities should also be filled before whitening.
- **Whitening Level**: There is no reliable way to predict how light your teeth will whiten. With in-office whitening, an appointment 2 hours in length with one to two sessions of whitening in that appointment are usually necessary to significantly whiten your teeth. With take-home whitening, two to four weeks of wearing the tray daily for the prescribed number of hours will give you much lighter teeth. We do not recommend home whitening longer than four weeks, unless you have severe tetracycline staining.
- **Relapse**: Over time, there may be a replace back to the original tooth color. Use of custom whitening trays and whitening syringes is recommended to maintain whitening level when relapse is initially noticed.

CONSENT

I have been given the opportunity to ask any questions regarding the nature and purpose of teeth whitening treatment and have received answers to my satisfaction. I voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No guarantees or promises have been made to me concerning the results. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctor and/or supporting staff to perform my whitening treatment.

Patient Name (Print) _____ Date: ___/___/___

Patient/Guardian Signature _____ Date: ___/___/___

Dr. Signature _____ Date: ___/___/___