

**PATIENT NAME:**

**DOB:**

## **IN OFFICE ZOOM WHITENING CONSENT**

### **INTRODUCTION**

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. 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 consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure.

### **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 visible LED light 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 four (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. I will be provided a visible LED 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. 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, Porcelain Crowns, Veneers or Composites.

### **COST**

The cost for this in-office Zoom Whitening treatment is ~~\$750.00~~ **\$299**. Payment is due in full prior to the start of Zoom treatment. The \$299 Zoom special is payable by Cash, Debit or Credit Card. Care credit is not accepted for the \$299 Zoom Special. We offer a \$499 special for Care Credit users.

### **RISKS OF TREATMENT**

#### **I understand that:**

- Some existing issues should be treated before undergoing a whitening procedure.
- Results will vary or regress due to a variety of circumstances.
- Zoom whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials, and that these types of restorations may need to be replaced at my expense to match my newly whitened teeth.
- Darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. Teeth with multiple colorations, bands, splotches or spots due to tetracycline use or fluorosis do not whiten as well, may whiten unevenly, may require additional whitening, or may not whiten at all.
  - Previous orthodontic treatments may cause teeth to whiten unevenly if any resin from the treatment was not properly removed from the teeth, either due to residual resin remaining on the teeth or over polishing upon removal.
  - Those with porcelain fused to metal crowns, amalgams, lingual bars or implants may feel excessive heat. Teeth with many fillings or cavities may not lighten and are usually best treated with other non-whitening alternatives. The Zoom Lamp emits visible LED light and all materials used in the isolation process, when properly used as directed, will block any exposures of soft tissues to this light.
  - It is recommended that those currently treated for a serious illness or disorder (e.g., immunocompromised, AIDS, etc.) should consult a medical doctor before use. Zoom treatment is not recommended for pregnant or lactating women.

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

**I \_\_\_\_\_ DO / DO NOT ALLOW MY PICTURES TO BE USED BY KEITH MITCHELL DDS ON SOCIAL MEDIA SITES AND AS REFERENCE TO OTHER PATIENTS.**

PATIENT SIGNATURE \_\_\_\_\_

I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist and designated staff have 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** – I could be very uncomfortable during the first 24-48 hours after having the treatment completed.

**Gum/Lip/Cheek Inflammation/Burn** – the whitening gel could cause a reaction if it touches areas other than your teeth.

**Cavities or Leaking Fillings** – there may be unsealed areas where I have had fillings. This could cause extreme sensitivity when the gel is placed.

**Cervical Abrasion/Erosion** – If there are areas where my gums have receded or places on my teeth where there is wear from grinding, I may have sensitivity.

**Relapse** – Generally Zoom Whitening treatment lasts 2-5 years. It will all depend on my habits (coffee, smoking, dark sodas, etc.) and how much I use my complimentary take home bleach trays to touch up.

**The basic procedures of Zoom treatment, 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.**

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 that I give my permission for the Zoom treatment to be performed on me.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

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WITNESS SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE