

CONSENT FOR ZOOM WHITENING TREATMENT

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 LED light lamp. The Zoom treatment involves using the gel and lamp together 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 a maximum of four (4) 15-minute sessions. During treatment, a plastic retractor will be placed in my mouth to help keep it open. 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 eye protection. 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, Porcelain Crowns, Veneers or Composites.

RISKS OF CONSENT FOR TREATMENT

I understand that: existing issues should be treated before undergoing a whitening procedure. Teeth with multiple colorations, bands, splotches or spots 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. Teeth with many fillings or cavities, crowns, or veneers may not lighten and are usually best treated with other non-whitening alternatives.

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 dental team 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.

- Gum/Lip/Cheek Inflammation/Burn: The whitening procedure may cause or result in (i) inflammation of your gums, lips or cheek margins due to exposure of a small area of those tissues to the whitening gel or the LED light, or (ii) a chemical burn due to whitening gel coming in contact with soft tissue. The inflammation or burn is usually temporary and will subside in a few days.

- Dry/Chapped Lips : The Zoom treatment involves up to four, 15-minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor which covers the lips. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm.

- 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 than the rest of the teeth, where the teeth meet the gums. Even if these areas are not currently sensitive, they can allow the whitening gel to penetrate the teeth, causing sensitivity. I understand that if cervical abrasion/ erosion exists on my teeth, these areas will be covered with dental dam prior to my Zoom treatment and will not whiten.

- Relapse: After the Zoom treatment, it is natural for the teeth that underwent the Zoom treatment to regress somewhat in their shading after treatment. This is natural and should be very gradual, but it can be accelerated by exposing the 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.

The basic procedures of Zoom treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me and all questions have been answered 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 _____ <<Date>>

<<Patient First Name>> <<Patient Last Name>>

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