



## CONSENT FOR IN-OFFICE WHITENING

**I understand** that ZOOM in-office whitening is a procedure designed to lighten the color of the teeth using a combination of peroxide gel and a specially designed LED lamp light. Following the application of the gel in-office, the patient is responsible for whitening at home with the custom-fit whitening trays and gel provided to continue the whitening or bleaching process.

During the procedure, the whitening gel will be applied for 3 or 4, 15 minute sessions. During the treatment, a plastic retractor will be placed in the mouth to help keep it open and a soft tissue protector will be used to keep the lips, cheek, gums, and tongue from being exposed to the gel or light. UV filtering eye wear will be provided, and lip balm or Vaseline can be applied to the lips as needed. After treatment, the retractor and all the gel and tissue covering will be removed from the patient's mouth. Before and after photos will be taken as part of the whitening procedure.

**I understand** that ZOOM in-office whitening is an elective, cosmetic treatment, and existing issues should be treated before undergoing a whitening procedure. **ZOOM treatment is not recommended for pregnant or nursing women.**

**I understand** that there are alternative treatments for whitening my teeth with the ZOOM system including: Whitening toothpaste or strips, take-home whitening kits, porcelain crowns or veneers, and composite resin restorations. I understand that even though care and diligence will be exercised by my treating dentist and their staff, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Sensitivity of teeth:** After treatment, some tooth sensitivity is normal and expected for 1-3 days following in-office whitening. This sensitivity may be mild to severe. Patients with existing sensitivity, recession, exposed dentin, exposed root surfaces or severely worn teeth, damaged or missing enamel, cracked teeth, leaking fillings, cavities, cervical abrasion/erosion, or other dental conditions that cause sensitivity may increase or prolong discomfort after whitening treatment.
2. **Soft tissue inflammation and dryness:** Whitening may cause temporary inflammation or dryness of the gums, lips or cheek margins due to an unintended exposure of the area to the whitening gel or having the mouth open continuously for several 15 minute intervals. This will subside in a few days, but may persist longer and may result in pain or discomfort depending on the degree to which the soft tissues were exposed. Areas of discomfort can be treated by using lip balm, Vaseline, or Vitamin E cream.
3. **Root resorption:** This is a condition where the root of the tooth starts to dissolve or breakdown, either from the inside or outside. Although the cause of this process is still unknown, there is evidence that the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.

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4. **Unsatisfactory results and relapse:** Results will vary or regress due to a variety of circumstances. 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. ZOOM whitening is not intended to lighten artificial teeth, fillings, or porcelain restorations like crowns, bridges, or veneers. The final results of ZOOM in-office whitening cannot be predicted or guaranteed. The procedure is not intended to be permanent. Although gradual, it is natural for the teeth to regress somewhat in their shade after treatment. Repeated ZOOM treatment and/or at-home whitening may be needed to maintain the desired tooth shade.

**INFORMED CONSENT:** I have been given the opportunity to ask any questions regarding the nature and purpose of in-office whitening, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees 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 doctors and the staff at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

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Patient's Name (please print)

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Signature of Patient, Legal Guardian, or Authorized Representative

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Date

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Witness' Signature

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Date