



Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Doctor,

We believe our mutual patient's dental health is of utmost importance and wanted to touch base with you prior to initiating ZOOM in-office whitening. Please provide the requested information so that we can ensure that the patient's oral status is healthy enough for the procedure.

Date of last exam: \_\_\_\_\_

Patient has no pending tx

Patient has pending tx, but it will not affect ZOOM in-house whitening

Patient has pending tx that needs to be completed prior to ZOOM in-house whitening

Comments and/or additional recommendations:

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Doctor Name: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thrive Dental and Orthodontics**

Location: \_\_\_\_\_ Office Email: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_