

# ZOOM!

## Professional Chairside Whitening System

### Photoreactive Drug Information

The following medications are commonly considered to be photoreactive and may cause an adverse condition if used in conjunction with the Zoom System. If you are currently taking any of these medications, please consult with your physician before going through the Zoom procedure. To check photoreactive properties of any medications not listed below, please consult the most recent edition of the Physician's Drug Reference (PDR).

<u>Generic Name</u>	<u>Trade Name</u>
Chlorthiazide	Aldoclor, Diupres, Diuril
Hydrochlorothiazide	Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril, Lopressor, Orotic, Moduretic
Chlorthalidone	Combipres, Tenoretic, Hygroton
Naprosyn	Naproxen
Oxaprozin	Daypro
Nabumetone	Relafen
Piroxicam	Feldene
Doxycycline	Vibramycin, Doryx
Ciprofloxacin	Cipro
Ofloxacin	Floxin
Psoralens	Methoxsalen, Trisoralen
Democlocycline	Declomycin
Norfloxacin	Chibroxin, Noroxin
Sparfloxacin	Zagan
Sulindac	Clinoril, Sulindac
Tetracycline	Achromycin
St. John's Wart	
Isotretinoin	Accutane
Tretinoin	Retin A

### Patient Acknowledgement

I have read the list above and understand that the medications listed, if taken, can have an adverse reaction when used with the Zoom System, I also acknowledge that I do not currently take any of these prescribed medications.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**INFORMED CONSENT FORM**  
**Zoom DayWhite and Zoom NiteWhite TOOTH WHITENING TREATMENT**

**INTRODUCTION**

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 informed consent form. I have the right to ask questions about any procedure before agreeing to undergo the procedure. My dentist has informed me that my teeth are discolored and could be treated by whitening (also known as "bleaching") of my teeth.

**DESCRIPTION**

Zoom DayWhite (ZDW) and Zoom NiteWhite (ZNW) is a combination of hydrogen and/ or carbamide peroxide gel. These active whitening ingredients break down very rapidly to water and oxygen ions and oxygen free radicals. During the whitening process the free radicals attack the double carbon bonds that are the source of most color (stains) in the tooth. Take home tooth whitening is a procedure designed to lighten the color of the teeth using the peroxide gel in a custom fitted tray over the teeth. ZDW is for shorter day-wear usage, while ZNW is for longer wear (overnight). Optimal results within 1-2 weeks.

**ALTERNATIVE TREATMENTS**

I understand I may decide not to have the ZDW or ZNW 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/Mouth rinses  
Other Take-Home Whitening Kits

In-office Whitening Treatments

**COST**

I understand that the cost of my ZDW and ZNW treatment is determined by my dental professional. I understand that my dental professional will inform me if there are any other costs associated with my treatment.

**RISKS OF CONSENT FOR TREATMENT**

I understand that almost all natural teeth can benefit from whitening treatments and significant whitening can be achieved in most cases. I also understand, however that ZDW and ZNW treatment results may vary or regress due to a variety of circumstances. I generally understand that ZDW and ZNW whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use, orthodontics, or fluorosis do not whiten as well, may need multiple treatments, or may not whiten at all. I understand that teeth with many fillings, cavities may not lighten and are usually best treated with other non-bleaching alternatives. I understand that provisionals or temporaries made from acrylics may become discolored after exposure to ZDW and ZNW treatment.

Patient's Initials: \_\_\_\_\_

**I understand that the results of my ZDW and ZNW Treatment cannot be guaranteed.**

I understand that take-home whitening treatments are considered generally safe by most dental professionals. I understand that although my dental professional has been trained in the proper use of the ZDW and ZNW 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 ZDW and ZNW treatment, some patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Symptoms should subside within 1-3 days. People with existing sensitivity, recession, exposed dentin, exposed root surfaces, recently cracked teeth, abfractions (micro-cracks), open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow penetration of the gel into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after ZDW and ZNW treatment.

**Gum/Lip/Cheek Inflammation** – Whitening may cause inflammation of your gums, lips or cheek margins. This is due to inadvertent exposure of a small area of those tissues to the whitening gel. The inflammation is usually temporary which will subside in a few days but may persist longer and may result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel.

**Cavities or Leaking Fillings** – Most dental whitening is indicated for the outside of the teeth, except for patients who have already undergone a root canal procedure. If any open cavities or fillings that are leaking are present, allowing gel to penetrate the tooth could result in significant pain. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings re-done before undergoing the ZDW and ZNW treatment.

**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. These areas appear darker because they lack the enamel that covers the rest of the teeth. 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 need to be covered with dental dam by my dental professional prior to my ZDW and ZNW treatment.

**Root Resorption** – This is a condition where the root of the tooth starts to dissolve either from the inside or outside. Although the cause of this is still uncertain, I understand that there is evidence that indicates the incidence of root resorption is higher in patients who have undergone root canals followed by whitening procedures.



**Relapse** – After the ZDW and ZNW treatment, it is natural for the teeth that underwent the 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 ZDW and ZNW treatment is not intended to be permanent and continuation of take-home treatments may be needed for me to maintain the tooth shade I desire for my teeth.

The safety, efficacy, potential complications and risks of ZDW and ZNW treatment can be explained to me by my dental professional and I understand that more information on this will be provided to me upon my request. Since it is impossible to state every complication that may occur as a result of this treatment, the list of complications in this form is incomplete.

The basic procedures of ZDW and ZNW treatment and the advantages and disadvantages, risks and known possible complications of alternative treatments have been explained to me by my dental professional who has answered all my questions to my satisfaction.

In signing this informed consent I am stating I have read this informed consent (or it has been read to me) and I fully understand it and the possible risks, complications and benefits that can result from the ZDW and ZNW treatment and that I agree to undergo the treatment as described by my dental professional.

## SIGNATURES

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my permission for ZDW and ZNW treatment to be performed on me.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT'S NAME (PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DENTIST'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DENTIST'S NAME (PRINTED)

\_\_\_\_\_  
DATE