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***ZOOM! 3 Advanced Power***  
***Professional Chairside Whitening System***

**INFORMED CONSENT**

**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 in-office whitening (also known as “bleaching”) of my teeth.

**DESCRIPTION OF THE PROCEDURE**

ZOOM! 3 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 ultraviolet lamp. The Zoom! 3 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! 3 Lamp for three (3) 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 the light. Lip balm (SPF rating: 30+) will also be applied and I will be provided with an UV Protected glasses 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! 3 Treatment at all. However, should I decide to undergo the treatment, I understand there are alternative treatments which include whitening toothpastes/gels, take-home whitening kits and other in-office whitening treatments.

**RISKS OF TREATMENT**

I also understand that Zoom! 3 treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from Zoom! 3 Whitening treatments and significant whitening can be achieved in most cases. I understand that Zoom! 3 whitening treatments are not intended to lighten artificial teeth, crowns, veneers or porcelain, composite or other restorative materials and that people with darkly stained yellow or yellow-brown teeth frequently achieve better results than people with gray or bluish-gray teeth. I understand that teeth with multiple colorations, bands, splotches or spots due to tetracycline use 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, chips or cracks 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 ZOOM! 3 treatment. I understand I must wait 2 weeks after a root planing procedure before I can undergo ZOOM! 3 treatment.



### CONTRAINDICATIONS

I understand that ZOOM! 3 treatment is not recommended for pregnant or lactating women, light sensitive individuals, patients receiving PUVA (Psoralen + UVA radiation) or other photochemotherapeutic drugs or treatment, as well as patients with melanoma, diabetes or heart conditions. I understand that the ZOOM! 3 lamp emits ultraviolet radiation (UVA and UVB) and that patients taking any drugs that increase photosensitivity should consult with their physician before undergoing ZOOM! 3 treatment.

### 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! 3 System. If you are currently taking any of these medications, please consult with your physician before going through the ZOOM! 3 procedure or altering any of your medications. To check photo reactive properties of any medications not listed below, please consult the most recent edition of the Physician's Drug Reference (PDR).

Generic Name	Trade Name
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
Democlocyline	Declomycin
Norfloxacilin	Chibroxin, Noroxin
Sparfloxacin	Zagan
Sulindac	Clinoril, Sulindac
Tetracycline	Achromycin
St. John's Wort	
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! 3 System. I also acknowledge that I do not currently take any of these prescribed medications.

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

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

\_\_\_\_\_  
Date



## POTENTIAL COMPLICATIONS

I understand that in-office whitening treatments are considered generally safe by most dental professionals. I understand that although my dentist has been trained in the proper use of ZOOM! 3 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 24 hours after ZOOM! 3 treatment, many patients can experience some tooth sensitivity or pain. This is normal and is usually mild, but it can be worse in susceptible individuals. Normally, tooth sensitivity or pain following a ZOOM! 3 treatment subsides after a few days, but it may persist for longer periods of time on susceptible individuals. People with existing sensitivity, recession, exposed dentin, exposed root surfaces and occlusal wear facets (severely worn teeth), damaged or missing enamel, 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 ZOOM! 3 treatment. You are instructed to use provided prescription strength fluoride toothpaste for seven (7) days before your whitening appointment to minimize post-operative sensitivity.

**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 or the ultraviolet light. The inflammation is usually temporary which will subside in a few days but may persist longer and result in significant pain or discomfort, depending on the degree to which the soft tissues were exposed to the gel or ultraviolet light.

**Dry/Chapped Lips** – The ZOOM! 3 treatment involves three 15-minute sessions during which the mouth is kept open continuously for the entire treatment by a plastic retractor. This could result in dryness or chapping of the lips or cheek margins, which can be treated by application of lip balm, petroleum jelly or Vitamin E cream.

**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 and allowing gel to penetrate the tooth are present, significant pain and damage to the tooth could result. I understand that if my teeth have these conditions, I should have my cavities filled or my fillings re-done before undergoing the ZOOM! 3 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, pain and possible damage to the nerve. Thus, these areas will be covered by the protective material and will not be whitened. After the whitening procedure, composite fillings (separate cost) can be placed in these areas to match the rest of the teeth.



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A Professional Corporation

**Relapse** – After the ZOOM! 3 Treatment, it is natural for teeth that undergo ZOOM! 3 Treatment to regress somewhat in their shading after treatment over time. This is natural and should be very gradual, but it can be accelerated by exposing the teeth to various staining agents. Additional treatment usually involves wearing a take-home tray or repeating the ZOOM! 3 Treatment. I understand that the results of the ZOOM! 3 Treatment are not intended to be permanent and secondary, repeat or take-home treatments at additional cost may be needed for me to maintain the tooth shade I desire for my teeth.

I understand that after treatment, I will be required to refrain from consuming any substances that could discolor my teeth for the **first 48 hours** after treatment. These substances include: coffee, tea, colas, **ALL** tobacco products, mustard or ketchup, red wine, soy sauce, berry pie, red sauces. I understand that there are other substances that could discolor my teeth which I should avoid during the first 48 hours after treatment. If I have any questions regarding any such substances, I understand that I can discuss its stain potential with my dentist.

The safety, efficacy, potential complications and risks of ZOOM! 3 treatment and 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.

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 ZOOM! 3 treatment and that I agree to undergo the treatment as described by my dentist. I understand that the results of my ZOOM! 3 treatment cannot be guaranteed and that I give my permission for ZOOM! 3 treatment to be performed on me.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Andrew W. Yap, DDS

\_\_\_\_\_  
DATE