

# Deep Bleaching and Zoom!

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This informed consent form is to help you understand the Deep Bleaching and Zoom! Whitening System. For best results, please read and understand the instructions in this form. While the safety and efficacy of whitening systems is well established, there are always limitations and risks. Outcomes can't be guaranteed.

- **Suitability of your case for Whitening**

Your fit as a viable candidate for whitening will be determined during the consultation and screening process. Not all people are deemed candidates for the procedure. If your dentist tells you that you are not a good candidate for whitening, they can discuss other more appropriate treatment options with you.

- **Treatment expectations upon completion of Whitening**

Significant whitening can be achieved in most cases, but there is no definitive way to predict how light your teeth will get. Patients with yellowish brown teeth tend to whiten faster and more fully than people with grayish-to-grayish brown shaded teeth. Antibiotic stained teeth and teeth with decalcifications, or traumatic injury or root canal therapy do not always respond and may require further treatment. If your teeth are already very white, your additional whitening results could be minimal. The level of whiteness achieved varies for each patient. The dentist may provide you with guidance as to the level of whiteness your individual situation may achieve. If you have any questions regarding how white your teeth may become, please discuss them with your dentist.

- **Maintenance of your results**

Some people will notice a gradual darkening of their teeth as time goes by. This will depend on your tooth staining personal habits such as smoking, coffee, tea and red wine etc. A home maintenance program can generally avoid diminished whitening results. We recommend that you brush with a fluoridated toothpaste at least twice a day and floss at least once daily. Be sure to keep your dentist recommended cleaning appointments.

- **Alternative Treatment Options**

While we feel that our Deep Bleaching and Zoom! is by far the fastest, most effective means (both in terms of results and speed) for most people to whiten their teeth, please take note that there are other options available to you for whitening teeth. Among these options are:

1. Gel/tray systems
2. Porcelain fused to metal crowns
3. Composite bonding veneers
4. Porcelain veneers
5. Other in-office procedures (using different light sources and chemicals)

If you have questions about your individual situation and suitability for any of the above options please ask us.

- **Potential Risks/Problems**

All forms of health treatments can have varying levels of success and lead to unforeseen complications. Tooth whitening is a generally safe and effective treatment. You should be aware of some of the more common side effects.

1. *Tooth Sensitivity* – Some patients may experience tooth sensitivity. This sensitivity is usually mild and transitory. Please let us know if you experience any discomfort during the procedure. If your teeth become, or stay sensitive following the procedure, a mild analgesic may be recommended. Some doctors will also recommend fluoride rinses to help overcome any possible sensitivity issues.
2. *Gum and Soft Tissue Irritation* – Short-term irritation or swelling of the soft tissues adjacent to the teeth is sometime experienced. Typically this is the result of the whitening gel coming in contact with the soft tissues.
3. *Fillings and Other Dental Restorations* – Tooth colored fillings (composites); composite veneers/bondings, porcelain crowns, and/or porcelain veneers will not whiten at all or evenly with your natural teeth during this procedure. We may, however, be able to remove certain stains (tobacco) from the surface of the restorations. All dental restorations that show when you smile may need to be replaced at your expense. Please be sure to discuss this with the dentist prior to beginning treatment.

- **Your Treatment Responsibilities**

1. *Follow All Directions* – Please take time to read all written instructions and listen carefully to all oral directions. You are welcome and encouraged to ask us any questions you may have.
2. *Communication* – If you do not understand something communicated to you during the consultation, the exam, in any printed material given to you, and/or before or after the procedure, please feel free to ask us.

- **Photographic Release**

Your initials below indicate your consent for Drs. Ron and Mary Cole. to use, reproduce, and publish photographic or computer illustrations of your teeth/mouth and face for educational or marketing purposes.

Patient Initials \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

The information that I have provided on this form is accurate and complete to the best of my knowledge. I affirm that I have read and understand the information contained within this form. With this understanding, I authorize my dentist to perform the Deep Bleaching and Zoom!Whitening procedure on me.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_