



Informed Consent for Philips Zoom QuickPro Tooth Whitening

Introduction

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. 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.

Description of the Philips Zoom QuickPro Whitening Varnish 5-Minute Procedure

Philips Zoom QuickPro in-office tooth whitening varnish is a procedure designed to lighten the color of my teeth using a unique two-layer application that consists of hydrogen peroxide gel and a unique sealant. The Philips Zoom QuickPro whitening varnish involves a 5-minute in-office application. During the procedure a plastic retractor will be placed in my mouth to keep it open, a thin bead of isolation material will be laid down along the gingival margin, then the whitening varnish is applied to my teeth followed by the application of the sealant. After the second layer is applied and has dried (total procedure time is about 5-minutes), the isolation material and the retractor is removed. I leave the office with the varnish on (nearly clear and tasteless) and after 30 minutes (I understand I am not to drink or eat during the 30 minute wear time) I either wipe or brush off the varnish. This procedure is intended to deliver a noticeably whiter smile.

Alternative Treatments

I understand I may decide not to have the Philips Zoom treatment at all. However, should I decide to undergo treatment, I understand there are alternative treatments for whitening my teeth for which my dentist can provide me additional information including but not limited to Philips Zoom WhiteSpeed Chairside and Philips Zoom DayWhite or NiteWhite Take-Home as well whitening toothpastes, other in-office or take-home whitening treatments, porcelain crowns, veneers, or composites.

Cost

I understand that the cost of my Philips Zoom QuickPro whitening varnish treatment is determined by my dentist. I understand that my dentist will inform me if there are any other costs associated with my Philips Zoom QuickPro whitening varnish treatment.

Risks of Consent for Treatment

I understand that:

- Existing issues should be treated before undergoing a whitening procedure
- Results will vary or regress due to a variety of circumstances
- Philips Zoom whitening treatments are not intended to lighten artificial teeth, caps, crowns, veneers or porcelain, composite or other restorative materials, and that these types of restorations may need to be replaced at my expense to match my newly whitened teeth
- 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.
- Previous orthodontic treatments may cause teeth to whiten unevenly if any resin from the treatment was not properly removed from the teeth, either due to residual resin remaining on the teeth or over polishing upon removal.

- Teeth with many filling or cavities may not whiten and are usually best treated with other non-whitening alternatives.
- It is recommended that those currently treated for a serious illness or disorder (e.g. immune compromised, AIDS, etc.) should consult a medical doctor before use.
- Philips Zoom treatment is not recommended for pregnant or lactating women
- Philips Zoom QuickPro 20% Whitening Varnish treatment is not recommended for patients under 18 years of age.

I understand that the results of my Philips Zoom whitening treatment cannot be guaranteed.

I understand that professional whitening is considered generally safe by most dental professionals. I understand that although my dentist has been trained in the proper use of the Philips Zoom whitening treatment, 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 and/or Pain: While sensitivity is rare with the Philips Zoom QuickPro 20% treatment, people with existing sensitivity, recession exposing root surfaces, exposed dentin, untreated caries, cracked teeth, abfractions, oral tissue injury, open cavities, leaking fillings, or other dental conditions that cause sensitivity or allow higher penetration of the hydrogen peroxide into the tooth may find that those conditions increase or prolong tooth sensitivity or pain after a Philips Zoom whitening treatment.

Gum Burn – Improper placement of the liquidam barrier along the gingival margin may cause or result in inflammation of the gums due to exposure of a small area of the gum to the whitening gel. The inflammation or burn is usually temporary and will subside after a few minutes.

The safety, efficacy, potential complications and risks of Philips Zoom QuickPro Whitening Varnish treatment can be explained to me by my dentist 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 the Philips Zoom treatment, the list of complications in this form is incomplete.

The basic procedure of the Philips Zoom QuickPro 20% Whitening Varnish 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.

Signatures

By signing this document in the space provided I indicate that I have read this informed consent (or it has been read to me), I fully understand the entire document and the possible risks, complications and benefits that can result from the Philips Zoom QuickPro 20% Whitening Varnish treatment, and I give my permission for this treatment to be performed on me.

Patient's Signature

Date

Patient's Name (Printed)

Date

Dentist's Signature

Date

Dentist's Name (Printed)

Date