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STATEMENT OF INSTRUCTIONS AND CONSENT FOR ZOOM BLEACHING:

Zoom2 Chair-side Whitening involves a series of steps: Isolation of your gums and lips, three 15-minute Gel and Light Applications and a Post Treatment Satin Finisher.

Depending upon your teeth's sensitivity level, you may or may not have some sensitivity during and/or after the treatment. There may only be a slight warming sensation or there could be a greater degree of sensitivity which could include a "zinger", "zapping" or aching sensation in your gums and/or teeth. This sensitivity may start during the Gel and Light Application and may continue and dissipate over 12 or more hours after completion of the treatment.

Prior to your treatment we recommend you eat and then take two 200mg of Advil, Ibuprofen or Motrin to help minimize this sensitivity. You may want to take additional doses throughout the day or night, depending on your needs. If you have had previous tooth sensitivity, we recommend that you do not return to work the same day as your treatment.

We also recommend you apply a SPF 15 or greater lotion to your face prior to the treatment. If this is not possible, then we recommend you allow us to apply one. If you choose for us to apply it, we request that you remove your makeup prior to arrival at the office.

For the greatest results, it is recommended that you receive your oral cleaning prior to your tooth whitening appointment.

The first 48 hours after your treatment are important in enhancing and maximizing your whitening results for a long lasting, bright and healthy smile. For 48 hours

after treatment, dark staining substances should be avoided; such as our suggested, but not all inclusive list of items to avoid.

Coffee and/or tea	Cola	Berries/Berry Pie	Soy Sauce
Tobacco Products	Red Wine	Red sauces	Mustard or ketchup
Tomatoes			Balsamic Vinegar

1. I have read the above information. _____
2. I have had an opportunity to ask sufficient questions. _____
3. I had my last cleaning on _____ and have chosen to proceed/not proceed to the Zoom2 Bleaching Treatment. _____
(Circle one)
4. I have taken/not taken a suggested dose of Advil, Ibuprofen or Motrin prior to the Zoom2 Bleaching Treatment. _____
(Circle one)
5. I have chosen to apply a facial cream of SPF 15 or above prior to my Zoom2 Bleaching Treatment. _____
6. I have removed my makeup and request the office to apply SPF 15 or higher to my face. _____
7. I do realize the first 48 hours after treatment are important in enhancing and maximizing my whitening results and will not eat or drink anything that may darken or stain my teeth. _____
8. I understand I may have sensitivity, which may last 12 or more hours during and after treatment, such as but is not all inclusive of:
 - A. Warm sensation to my gums and/or lips which may last 12 or more hours. _____
 - B. Zingers, zapping or aching to individual teeth which may last _____

- 12 or more hours. _____
- C. Prolonged soreness or tenderness to the teeth. _____
- D. Prolonged aching to the teeth. _____
9. I will notify the doctor immediately if I should have any other discomfort or sensitivity. _____
10. I will/will not be returning to work today. _____
(Circle one)
11. I have read and initialed the attached Proactive Drug Information that is attached and acknowledge that I do not currently take any of these prescribed medications. _____
12. I authorize the office of Cox & Miranda, DDS to apply the Zoom2 Bleaching Application. _____
13. I certify that I read write English and have read and fully understand that consent for the bleaching treatment. _____

PLEASE ASK THE DOCTOR IF YOU HAVE ANY OTHER QUESTIONS REGARDING THIS CONSENT FORM.

X _____
Patient's signature (or legal guardian if under 18) Date

X _____
Doctor's signature Date

X _____
Witness Date

PHOTOREACTIVE DRUG INFORMATION
(ZOOM2)

The following medications are commonly considered to be photo-reactive 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 your physician before going through the Zoom2 System. 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

Chlorthizide

Aldoclor, Diupres, Diuril

Hydrochlorothiazide

Aldacteride, Aldoril, Capozide, Dyazide,
Hydrodiuril, Lopressor, Orotic,
Moduretic

Chlorthalidone

Combipres, Tenoretic, Hygroton

Naprosyn

Naproxen

Oxaprozin

Daypro

Piroxicam

Feldene

Doxycycline

Vibramycin, Doryx

Ciproflaxacin

Cipro

Oflaxacin

Floxin

Psoralens

Methoxsalen, Trisoralen

Democlocyline

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

Date