



INFORMED CONSENT FOR ZOOM! TOOTH WHITENING TREATMENT

Name: _____

Personal information means any information about an identifiable individual.

I understand that Dr. Sayani Professional Corporation operating as Terra Dental Care will be collecting personal information about me.

I consent to the collection, processing and retention of my personal information, as requested by Terra Dental Care, and understand that such personal information will be used for the purpose of providing me with the dental care as requested by me and compliance with applicable laws.

I further consent to the disclosure of such personal information to the extent necessary, to:

- (a) Terra Dental Care staff;
- (b) my insurance company;
- (c) any dental specialist that I am referred to;
- (d) to the extent required by law or government agencies.

I authorize Terra Dental Care and its representatives to request any necessary dental information including but not limited to, X-rays, from any previous dental office that I have attended.

I understand that:

- (a) my personal information will be retained in hard copy at the Terra Dental Care office where I submit this consent and in electronic form on secure servers located in Calgary, Alberta;
- (b) Terra Dental Care will take reasonable measures to safeguard the security and confidentiality of my personal information, including when dealing with third party recipients;
- (c) I have the right to access and review my personal information;
- (d) if I choose not to provide my consent to the collection, use and disclosure of my personal information as outlined above, Terra Dental Care's ability to provide me with care may be limited by law;
- (e) I may withdraw my consent provided hereunder at any time by providing written notice to Terra Dental Care; and
- (f) my personal information will be retained for as long as required by law and as necessary to fulfill the purpose described above, after which time it will be destroyed or deleted.

I fully understand the above consent statements and I am entering into them voluntarily, as certifies by my signature below.

Dated at the City of Calgary, this _____ day of _____ 20 _____

Signature _____

TERRA DENTAL CARE

DR. MEBS SAYANI PROFESSIONAL CORPORATION

210 - 530 8th Ave. S.W. • Watermark Tower, Calgary, Alberta, Canada T2P 3S8 • P: [403] 263-4030, F: [403] 263-4041
www.terradentalcare.com, info@terradentalcare.com



INFORMED CONSENT FOR ZOOM! TOOTH WHITENING TREATMENT continued

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):

Generic Name

Trade Name

Chlorthiazide
Hydrochlorothiazide

Aldoctor, Diupres, Diuril
Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril,
Lopressor, Orotic, Moduretic
Combipres, Tenoretic, Hygroton

Chlorthalidone

Naproxen

Naprosyn

Daypro

Oxaprozin

Relafen

Nabumetone

Feldene

Piroxicam

Vibramycin, Doryx

Doxycycline

Cipro

Ciprofloxacin

Floxin

Ofloxacin

Methoxsalen, Trisoralen

Psoralens

Declomycin

Democlocyline

Chibroxin, Noroxin

Norfloxacin

Zagan

Sparfloxacin

Clinoril, Sulindac

Sulindac

Achromycin

Tetracycline

St. John's Wart

Accutane

Isotretinoin

Retin A

Tretinoin

This information has been given to me so that I can make an informed decision about having my teeth whitened. My dentist has informed me that my teeth are discoloured and may be treated by in-office whitening (also known as "bleaching") of my teeth.

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DESCRIPTION OF THE PROCEDURE

Zoom! In-office tooth whitening is a procedure designed to lighten the colour of my teeth using a combination of a hydrogen peroxide gel and a specially designed ultraviolet lamp. The zoom! 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! 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+) may also be applied as needed, and I will be provided an ultraviolet light filter for my eyes. After the treatment is completed, the retractor, 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 TREATMENT

I understand there are alternative treatments for whitening my teeth for which my dentist can provide me additional information. Whitening may also be accomplished with custom fabricated whitening trays and take home whitening gel.

RISK OF CONSENT FOR TREATMENT

I also understand that Zoom! treatment results may vary or regress due to a variety of circumstances. I understand that almost all natural teeth can benefit from Zoom! whitening treatment and significant whitening can be achieved in most cases. I understand that Zoom! whitening treatments are not intended to lighten artificial teeth, caps, 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 grey or bluish-grey teeth.

I understand that teeth with multiple colourations ,bands, splotches or spots due to tetracycline use of fluorosis do not whiten as well, may need multiple treatment 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 discoloured after exposure to Zoom! treatment.

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

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

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INFORMED CONSENT FOR ZOOM! TOOTH WHITENING TREATMENT continued

I understand that some of the potential complications of the treatment include, but are not limited to:

Tooth Sensitivity/Pain – During the first 24 hours after Zoom! treatment, many patients can experience some tooth sensitivity or pain. 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 pain after Zoom! 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 or the ultraviolet light. The inflammation is usually temporary which will subside in a few days.

Dry/Chapped Lips – This 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! treatment.

Cervical Abrasions/Erosion – These are conditions which affect the roots of the teeth when the gums recede. They are characterized by grooves, notches, and/or depressions that appear darker than the rest of the teeth and where the teeth meet the gums. Small plastic fillings may be placed in these areas to match the post-Zoom! shade, if desired.

Relapse – After the Zoom! treatment, it is natural for the teeth that underwent Zoom! 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. Treatment usually involves wearing a take home tray or repeating the Zoom! treatment.

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

Full Name _____

Date _____ **Signature** _____

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 Zoom! treatment to be performed on me.

Signed at the City of Calgary,

Full Name _____

Remember that you must not use any colored toothpastes or gels the first 48 hours. In addition, do not use any colored mouthwash or home fluoride treatments. If your daily homecare involves the use of Perio Rx or any Chlorhexidine, please wait 48 hours before continuing the usage of this product.

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PHOTOREACTIVE DRUG INFORMATION

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Generic Name

Chlorthiazide
Hydrochlorothiazide
Lopressor, Orotic, Moduretic
Chlorthalidone
Naprosyn
Oxaprozin
Nabumetone
Piroxicam
Doxycycline
Ciprofloxacin
Ofloxacin
Psoralens
Democlocyline
Norfloxacin
Sparfloxacin
Sulindac
Tetracycline
St. John's Wart
Isotretinoin
Tretinoin

Trade Name

Aldoctor, Diupres, Diuril
Aldacteride, Aldoril, Capozide, Dyazide, Hydrodiuril,
Combipres, Tenoretic, Hygroton
Naproxen
Daypro
Relafen
Feldene
Vibramycin, Doryx
Cipro
Floxin
Methoxsalen, Trisoralen
Declomycin
Chibroxin, Noroxin
Zagan
Clinoril, Sulindac
Achromycin
Accutane
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.

Full Name _____

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INFORMED CONSENT FOR ZOOM! TOOTH WHITENING TREATMENT continued

FOOD AND DRINK RECOMMENDATIONS FOR THE FIRST 48 HOURS

Main Entrée Suggestions: Turkey, White Tuna (no vinegar), White fish, Canned Chicken Breast, Chicken Breast without the skin, Grilled cheese with White Cheddar or Mozzarella Cheese, Pasta with White Sauce such as Alfredo Sauce

Side Dish Suggestions: Plain Pasta Noodles, White Rice, Mashed or Baked Potato (without peel)

Beverage Suggestions: Milk, Water, Clear Soda, Tonic

Alcohol Suggestions: Vodka, Gin (no orange juice)

Fruits and Vegetables Suggestions: Apples, Bananas, Pears (no peels) Cauliflower

Snack Suggestions: Cottage Cheese, Plain or Vanilla Yogurt, Snack Wells Vanilla Cookies, Vanilla

Pudding, White Cheese: White Cheddar/Mozzarella

Condiment Suggestions: Mayonnaise, Sour Cream, White Gravy

Carbohydrate Suggestions: White Bread (no crust), Flour Tortillas (white), Saltine Crackers

Breakfast Suggestions: Egg Whites, Oatmeal, Cream of Wheat

If you have any questions please feel free to call the office at (403) 263-4030.

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