



**Advanced Dental Care of Englewood**  
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## **ZOOM! Whitening Consent Form**

### **Introduction**

This information has been given so I can make an informed decision about having my teeth whitened. I understand that individual results may vary and are not guaranteed. Many factors such as, age of the patient, if the patient smokes, drinking beverages that stain (tea, coffee, etc.), tetracycline or other intrinsic stain, erosion/abrasion, and prior dental work will change the final results of teeth whitening. I understand that take-home treatments will be necessary if having the in-office procedure to achieve and maintain the desired shade of whitening. I understand that it is beneficial to have any necessary x-rays and all dental work completed prior to teeth whitening. I understand that if I am not a current patient of this office that I do have the option of having any necessary x-rays, exam and dental work done prior to teeth whitening.

### **Complications and adverse affects**

Whitening treatments are considered generally safe by most dental professionals. Some potential complications of this treatment include but are not limited to:

1. Tooth sensitivity or pain
2. Ulcerations of lips, cheeks, or gums
3. Chapped lips
4. Irreversible pulpitis (tooth may need root canal therapy)
5. Erosion, recession
6. Internal root resorption
7. Allergic reactions to materials used

By signing this informed consent I am stating that I have read the above thoroughly and understand the complications and realistic outcomes of the in-office or at home whitening procedure. I agree to hold Dr. Chaumont and his staff harmless in the event that any of the above mentioned or other complications from either of the whitening procedures occur.

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Patient's signature

Date

