CHARLIE H. HONG, DMD, MSD
Practice Limited to Endodontics

3554 Chain Bridge Road, Suite 401, Fairfax, VA 22030
T 703.359.4447 F 703.385.1472

Informed Consent for Non-Surgical Endodontic Treatment

1. The trauma to the tooth has compromised the health of the pulp which contains the blood vessels and nerves of the tooth. Root canal therapy is an attempt to save a tooth which otherwise may require extraction. Root canal therapy has a better than 95% success rate; however, a perfect result cannot be guaranteed or warranted. A small percentage of patients may not respond to treatment and could experience procedural failure and ultimate tooth loss. Occasionally, a tooth that has had root canal therapy may require retreatment, surgery or even extraction.

2. Depending on diagnosis, there may or may not be alternatives to root canal therapy that involve other types of dental care. The two most common alternatives to root canal therapy are: (a) Extraction. The extracted tooth usually requires replacement by an artificial tooth, which can be discussed with your general dentist. (b) No treatment. If no treatment is chosen, condition may worsen and patient may risk serious personal injury, including pain; localized infection; loss of teeth; swelling; and/or severe infection that may be potentially fatal.

3. Specific to non-surgical root canal therapy, risks include, but are not limited to, possibility of instruments broken within the root canal(s); perforations of the chewing surface and/or root of the tooth; loss of tooth structure and/or damage to dental restorations in gaining access to canals; cracked teeth; injury to soft tissue adjacent to the tooth; sinus perforation; and nerve disturbances. During treatment, complications may be discovered which make treatment impossible and which may require dental surgery. These complications may include, but are not limited to, blocked canals due to filling or prior treatment, natural calcification, broken instruments, curved roots, gum disease and fractures of the teeth.

4. I understand that I will be given a local anesthetic injection and that in rare instances patients have had an allergic reaction to the anesthetic, an adverse reaction to the anesthetic, or temporary or permanent injury to nerves and/or blood vessels from the injection. The injection area(s) may be uncomfortable following treatment and that my jaw may be stiff and sore from holding my mouth open during treatment. During and after the treatment, I may experience pain or discomfort, swelling, bleeding, changes in my bite, and loosening or loss of dental restorations.

5. I understand that many factors contribute to the success or failure of root canal therapy, and not all factors can be determined in advance, if ever. Some of the factors are: my resistance to infection and/or the specific bacteria causing the infection; the shape and location of the canal anatomy; the force with which I bite; my failure to keep scheduled appointment(s); the failure of my having the tooth restored following the treatment; periodontal involvement; and/or an undetected or an "after-the-fact" caused fracture in the tooth.

6. I understand that it is possible for an infection to occur or an existing infection to worsen that I may need antibiotics and/or other procedures to treat the infection. The use of antibiotics may inhibit the effectiveness of birth control pills. I further understand that prescribed medications and drugs (if given any) may cause drowsiness and lack of coordination.

7. I understand that once root canal therapy is completed, I must promptly return to my general dentist to begin the next step in treatment. If I fail to return to have the tooth restored, I risk a failure of the root canal therapy, decay, infection, tooth fracture and loss of the tooth.

8. I have been given the opportunity to question the doctor concerning the nature of treatment, the inherent risks of the treatment, and the alternatives to this treatment.

I authorize Dr. Charlie H. Hong and any other agents or employees of Charlie H. Hong, DMD, PC, and such assistants as may be selected by any of them to perform the following procedure (s):

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as decided upon to be necessary or advisable in the opinion of the doctor.

I certify that I have provided as accurate and complete medical and personal history as possible. This consent form does not encompass the entire discussion I had with the doctor regarding the proposed treatment. I will follow any and all treatment and post-treatment instructions as explained and directed to me and will permit the recommended diagnostic procedures.

Patient signature: **X** _____ Date: _____

If under 18 years of age, please indicate relationship to patient: _____