



WHERE CARING IS OUR SPECIALTY

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INFORMED CONSENT FOR LASER TREATMENT AND GENTLEWAVE® PROCEDURE

At Endodontic Excellence of Reston, we take pride in delivering the utmost technological advancements in patient care. Specifically, we utilize cutting-edge technology, including **laser** and **GentleWave®**, to enhance the quality of our services. We seek your informed consent for the use of laser and/or GentleWave® technology during your endodontic treatment at our office.

An Er:YAG (Erbium-doped Yttrium Aluminium garnet), Er,Cr:YSGG (Erbium, Chromium-doped Yttrium-Scandium-Gallium garnet) Nd:YAG (Neodymium-doped Yttrium Aluminium garnet) lasers are three types of solid-state lasers used in our office to enhance efficacy of endodontic procedure, thereby improving the overall patient experience. It is important to note that unlike x-rays, laser energy is not ionizing radiation.

GentleWave® employs multisonic energy and a negative pressure environment to effectively reach intricate tooth anatomies where bacteria may be concealed. Numerous research studies have reported an enhanced success rate and reduced post-operative discomfort associated with this technology.

The utilization of either laser or GentleWave® for endodontic treatment is considered a highly safe and predictable form of therapy. During your examination and consultation visit, your endodontist will carefully assess your specific case and determine which technology – laser or GentleWave® – is most suitable for ensuring optimal care for your tooth/teeth.

We assure you that by choosing either approach, you are benefitting from the pinnacle of technological advancements in dentistry, ensuring that you receive the highest standard of care available. If you have any questions or concerns regarding this treatment approach, please feel free to discuss them with your endodontist during your consultation. Your comfort and well-being are our utmost priorities.

BENEFITS OF UTILIZING LASER AND GENTLEWAVE® IN ENDODONTICS:

A) GentleWave®, Er:YAG laser, and Er,Cr:YSGG laser facilitate the flow of disinfection solution into the complex root canal anatomies that are typically challenging to clean through conventional methods. This enhanced disinfection process significantly reduced infected tissue compared to traditional root canal treatment, leading to improved healing rates and reduced post-operative inflammation and pain.

B) Application of Nd:YAG laser stimulates bioactivity of the treated body tissue, leading to accelerate healing and reduction in post-operative discomfort.

POSSIBLE SHORT-TERM AND LONG-TERM COMPLICATIONS:

A) The selection of cases for GentleWave® requires careful consideration, as the adjacent anatomy may limit its usage, and there is a minimal risk of injury to anatomical structures such as the maxillary sinus and inferior alveolar nerve. However, such injuries are highly unlikely and are typically temporary in nature.

B) Burns – There exists a potential risk of accidental injury from laser energy, which could result in permanent scarring. It is important to note that this risk is minimal, given the precise control and containment of laser energy during the procedure.

C) Eye Damage – Injury of the eyes is possible if you look into the laser beam. We will provide eye protection that will prevent this. These safety glasses are specific to the type of laser being used. It must be worn at all times when the laser is in operation.



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ALTERNATIVE OPTIONS:

There are alternative approaches to endodontic care that do not involve the use of laser or GentleWave® technologies. These may include more conventional endodontic treatments. If you prefer exploring alternative treatments, kindly inform your endodontist, and we will gladly discuss these options with you. It is essential to note that choosing no treatment is also an option, although it may impact the final treatment outcome..

FEES:

The fees associated with laser and GentleWave® procedures are not covered by dental insurance, and as a result, they will not be submitted to the insurance company for reimbursement. By signing this consent form, I acknowledge that the endodontic office will not file these specific fees with my insurance company. I understand that it is my responsibility to cover the costs associated with the use of laser or GentleWave®.

I confirm that I have read the above statement. I comprehend the proposed procedure, its benefits, risks, and available alternatives. I have had the opportunity to address any questions I may have, and I acknowledge and accept the described risks associated with laser treatment. Consequently, I provide my informed consent to undergo the laser treatment as outlined.

Patient Name: _____ Signature of Patient or Legal Guardian: _____ Date: _____