

INFORMED CONSENT for ENDODONTIC TREATMENT

I voluntarily consent to endodontic (root canal) treatment that has been recommended. I understand that the goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, it is a dental-biological procedure, whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally undiagnosed or hidden problems arise. I understand that this procedure will not prevent future tooth decay or a possible fracture, and that occasionally a tooth that had root canal treatment may require re-treatment, surgery or tooth extraction.

The treatment has been fully explained to me including the risks involved. I have been informed that complications might include, but are not limited to: a). perforation of the canal with instruments b). instrument breakage in the canal c). incomplete healing d). post-operative discomfort and/or infection e). tooth fracture, crown fracture f). post-operative numbness

I understand there are alternatives (with associated risks) to root canal therapy. They include but may not be limited to:

- 1) No treatment. My present oral condition will probably worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, loss of supporting bone around teeth, premature loss of tooth/teeth and possibly systemic involvement.
- 2) Extraction with nothing to fill the space. This may result in: shifting of teeth, change in bite, periodontal disease, TMJ problems.
- 3) Extraction followed by a bridge, partial denture, or implant to fill the space.

After the completion of the root canal procedure, the tooth needs a permanent restoration (filling, crown, bridge, onlay). Failure to have the tooth properly restored significantly increases the possibility of re-infection, failure of the root canal procedure and/or tooth fracture.

I have had an opportunity to ask questions of my doctor and I am fully satisfied with the answers that I have received and consent to treatment.

Patient/Guardian: _____

Date: _____ Witness: _____

