

CONSENT FOR ROOT CANAL THERAPY, ENDODONTIC SURGERY, ANESTHETICS AND MEDICATION

You will be required to sign this form prior to the initiation of treatment. Although endodontic (root canal) therapy has a high degree of success, results cannot be guaranteed. On occasion, a tooth which has had root canal therapy may require retreatment, surgery or even extraction. While serious complications with endodontic (root canal) therapy are uncommon, we want you as our patient to be informed about the various procedures involved and have your consent before starting any treatment. Endodontic therapy is performed to retain a tooth that otherwise might require extraction. This is accomplished by root canal therapy or endodontic surgery. Accurate and complete disclosure of the patient's current and past medical information, including allergy history, is needed for proper diagnosis and treatment. The following describes possible risks involved with endodontic therapy and other treatment choices.

Risks: Include, but are not limited to, complications resulting from the use of dental instruments and supplies, drugs, sedation, medicines, analgesics and injections. These complications may include, without limitation, swelling, sensitivity, bleeding, pain, infection, temporary or permanent numbness and tingling sensation in the lip, tongue, cheek, gums and teeth (very infrequent complications from injections), changes in occlusion (bite), jaw muscle cramps and spasms, TMJ difficulty, loosening of teeth, referred pain to ear, neck or head, nausea, vomiting, allergic reaction, delayed healing, sinus perforation, and treatment failure.

Risks Specific to Endodontic Therapy: Include, but are not limited to, the possibility of instruments separating or breaking within the root canal, perforations (extra openings) of the crown or root of a tooth or sinus, damage to bridges, dentures, crowns, existing fillings or porcelain veneers, missed canals, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment, complications could arise which make treatment impossible or which may require dental surgery. These complications may include blocked canals due to fillings or prior treatment, natural calcifications, separated instruments, curved root, periodontal (gum) disease and splits or fractures of the teeth. Treatment will require a series of diagnostic radiographs and, in some cases, may require more than one visit to your endodontist.

Medications: On occasion, medications or drugs may be prescribed by your endodontist. Medications used and/or prescribed for discomfort and/or sedation may cause drowsiness or lack of awareness and coordination, which can be increased by the use of alcohol, tranquilizers, sedatives or other drugs. We advise that you do not operate a motor vehicle or any hazardous device while taking or under the influence of such medications. In addition, certain medications may cause allergic reactions, such as hives or intestinal discomfort. If any of these problems occur, please call your endodontist or your endodontist's office and staff immediately.

Other Treatment Options: There are times when a minor surgical procedure may be indicated or when the tooth may not be amenable to endodontic treatment at all. Other treatment choices include, without limitation, no treatment, a waiting period for more definitive symptoms to develop, or tooth extraction. Risks involved in those choices might include, but are not limited to, pain, infection, swelling, loss of teeth, and infection to other areas.

It is the patient's responsibility to report any changes in his/her medical history to his/her endodontist.

As a specialty practice, this office performs only endodontic therapy and associated surgery. Following treatment, the tooth may be brittle and subject to fracture. A restoration (filling), crown and/or post and core will be necessary to restore the tooth, and your general dentist will perform these procedures. It is important that you follow up with your general dentist promptly following endodontic treatment for permanent restoration and care. Failure to do so within 30 days of your endodontic treatment could cause complications, such as infection of the treated tooth leading to the need for further endodontic treatment or extraction of the tooth.

Consent: By signing below, I acknowledge that I fully understand the statements and information in this consent form.

Patient Name (Printed)

Patient DOB

Patient or Responsible Party Signature

Date

Printed Name of Responsible Party (if applicable)

Relationship to Patient (if applicable)