

## Endodontic Therapy Consent Form

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, as with all medical and dental procedures, it is a procedure whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally an unapparent, undiagnosed or hidden problem arises.

This procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that has had root canal treatment may require re-treatment, endodontic surgery, or tooth extraction.

I understand that although endodontic therapy is routinely performed at this family dental practice, this is not an endodontic specialty practice. Should I wish to attend a specialist office a referral can be made.

Unforeseen conditions may arise that require a procedure that is different than set forth above, a repeat treatment, or I might be referred to a specialist for further treatment. I authorize the doctor and any associates to perform such procedures when, in their professional judgment, the procedures are necessary, after discussing the option with me, and obtaining my verbal consent (except in emergent circumstances where consent might not be practical to obtain).

**Risks:** *Are unlikely, but may occur. They might include but are not limited to:*

- a) Instrument separation in the canal.
- b) Perforations (extra openings) of the canal with instruments.
- c) Blocked root canals that cannot be ideally completed.
- d) Incomplete healing.
- e) Post-operative infection requiring additional treatment or the use of antibiotics.
- f) Tooth and/or root fracture that may require extraction.
- g) Fracture, chipping, loosening, or complete loss of existing tooth or crown.
- h) Post-treatment discomfort or infection.
- i) Temporary or permanent numbness.
- j) Change in the bite or jaw joint difficulty (TMJ problems or TMD).
- k) Medical problems may occur if I do not have the root canal completed.
- l) Reactions to anaesthetics, chemicals or medications.
- m) Fracture of the tooth following root canal therapy if a crown is not placed in a reasonable time frame to protect it from biting forces. Fracture of this nature does not constitute failure of the root canal therapy itself.

### Other Treatment Choices:

The following other treatment options might be possible:

- a) No treatment at all.
- b) Waiting for more definitive development of symptoms.
- c) Extraction: To be replaced with either nothing, a denture, a bridge or an implant

Endodontic (Root Canal) Therapy is recommended for the following tooth/teeth:

Be proud of your **smile**

Having reviewed the consent form I am satisfied that all of my questions have been answered to my satisfaction and I am satisfied having this treatment performed today at this office.

\_\_\_\_\_  
Patient Signature                      Patient name                      Date

\_\_\_\_\_  
Doctor Signature                      Doctor Name                      Date

\_\_\_\_\_  
Witness Signature                      Witness Name                      Date



Be proud of your **smile** 