



### CONSENT FOR TREATMENT

Root canal treatment, also known as "endodontic treatment," is a procedure that attempts to retain a tooth or teeth which otherwise might need to be extracted. I hereby authorize the Doctor and his assistants to perform necessary procedures which have been described to me. I further request and authorize them to do whatever they deem necessary as a result of unforeseen circumstances.

I, the undersigned, have been informed that I require an endodontic procedure and that I fully understand the following:

\*PLEASE DO NOT BE ALARMED BY THE FOLLOWING INFORMATION. MOST COMPLICATIONS ARE QUITE RARE.

- Failure to follow this recommendation may result in: loss of the tooth, bone destruction due to an abscess, pain, or possible systemic (affecting whole body) infection.
- Root canal treatment may not relieve my symptoms, and that treatment can fail during or after completion of treatment, and that it may fail for unexplainable reasons. If the root canal fails it may require retreatment, surgery, or extraction. Root canal therapy is not a guarantee.
- Complication of root canal therapy and local anesthesia may include: swelling, pain, trismus (restricted jaw opening), infection, bleeding, sinus involvement and numbness or tingling of the lip, gum or tongue, which rarely is protracted and even more rarely permanent.
- During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: instruments broken within the root canals which may be incorporated into the filling material, perforations of the crown or root of the tooth, loss of tooth structure in gaining access to canals, blocked canals due to fillings, natural calcification, or splits/fractures of the root.
- About 10% of root canal treated teeth are lost due to periodontal disease (gum disease/ pyorrhea), splits or fractures of the roots.
- When making an access (opening) through an existing crown or placing a rubber dam clamp, possible damage can occur and a new crown may be necessary after endodontic therapy. You may also experience loosening or loss of dental restorations and occlusion (bite) changes.
- Infection may occur or an existing infection may worsen in the tooth being treated or the area around it, and I may need antibiotics and/or other procedures to treat the infection. There are risks involved in administration of anesthetics, analgesics (pain medication) and antibiotics. I will inform the doctor of any previous side effects or allergies.
- Successful completion does not prevent future decay or fracture. To protect your tooth from decaying or fracturing, you must return to your dentist for a permanent filling or crown within 6 weeks after the completion of the root canal therapy. Failure to follow up with the final restoration in a timely manner may result in failure of the root canal treatment and could reduce its prognosis. A fee will be charged if retreatment and apical surgery is required due to lack of final restoration.

I have discussed my treatment with the Doctor, and have been given the opportunity to ask questions and have them fully answered. I understand the nature of the recommended treatment, alternate treatment options, and the risks of the recommended treatment.

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Patient/Guardian Signature

\_\_\_\_\_  
Date