Endodontic Associates of Greater Waterbury, PC INFORMED CONSENT

I understand that I have been reference valuation and conventional root ca	red to Endodontic Associates of Greater Waterbury for diagnosis, anal treatment of tooth #
I have been given the following info	ormation regarding this treatment:
This diagnosis as relates to this toot	th is
nerves) from the root canals and se important to have the tooth proper prevent fracture and contamination	mited to removing the diseased pulp tissue (blood vessels and aling the space with a biologically inert filling material. It is very ly restored as soon as possible after the root canal treatment to of the roots. At the time of diagnosis any negative factors that may a tooth will be discussed. Also, all the risks, benefits, and alternative
Occasionally, unforeseen clinical fin has begun. These include but are n	risits and post operative discomfort and swelling can occur. Idings and procedural problems may be encountered after treatment ot limited to obstructed canals, cracks, resorptive processes, s, and fracture of porcelain crowns. The significance of these findings overy.
Unless stated otherwise, the long to properly restored and remains free	erm outlook for the treated tooth is very good, provided that it is of decay and periodontal disease.
inflammation around the root tip w	percentage of endodontically treated teeth show an area of when examined at the one year post op visit. If this occurs, we may additional year or discuss other options. These options could include ervention (apicoectomy).
regarding the treatment of tooth #_	ormation provided to me both in written form as well as verbally I have discussed options with the doctor including ntic treatment or extraction along with risks and benefits.
I give my permission to have this tro	eatment performed.
Patient's Name	Date
Patient's Signature	Doctor's Signature