

CONSENT FOR ENDODONTIC TREATMENT (ROOT CANAL)

Patient Name: _____ * _____ * _____
Last First MI Preferred Name

Tooth # * _____

ENDODONTIC TREATMENT: Although root canal treatment to retain a tooth or teeth that otherwise might need to be extracted is a common dental procedure with a reported success rate of more than 90 %, there are some risks & complications. The most common include swelling, soreness, infection, bleeding, trismus (restricted jaw opening), numbness or tingling of lip, gum or tongue (which in rare cases may be permanent), discoloration of adjacent teeth or soft tissue, perforation of the root, and fractures of crown or root of the tooth or restoration. Occasionally, the delicate instruments used to perform a root canal may separate in the tooth. A failed root canal may require additional treatment, surgery, or extraction. Once a tooth has received treatment, it tends to be more brittle & weak. To minimize the risk of fracture, restoration with a crown is recommended. There is no guarantee the root canal treatment will save a tooth.

CHANGES IN TREATMENT PLAN: During the course of treatment, procedures may need to be added, expanded, or changed if the dentist finds conditions that were not identified during examination and first observed during the course of treatment. The most common scenarios include the need for root canal therapy and more extensive restorative procedures, like crowns, bridges, or implants. Permission is hereby given to perform any additional or expanded dental services that the dentist determines to be necessary. Further, at the dentist's discretion, I may be referred to a specialist for further treatment, the cost of which may be my responsibility.

DRUGS, MEDICATIONS & SEDATION: Drugs, medications, or anesthesia/sedation can cause allergic and other reactions. Examples include, but are not limited to, swelling, redness, itching, vomiting, diarrhea, and numbness or tingling of the lip, gum, or tongue (which in rare cases may be permanent), as well as, in rare cases, anaphylactic shock. Since drugs, medications, or anesthesia/sedation also may cause drowsiness and impair coordination or awareness, patients should not operate a motor vehicle or hazardous device before achieving full recovery. I have informed the dentist of all drugs and medications I am taking or have taken within the last 30 days, as well as those that have been prescribed within the last six months but not taken, and of all allergies and sensitivities of which I am aware. I have been informed and understand that failure to take drugs or medications as prescribed by my dentist may result in continued or aggravated infection and pain, and potential resistance to effective treatment. I also understand that antibiotics can reduce the effectiveness of birth control pills.

CONSENT: I have discussed treatment alternatives, risks, outcomes, and costs with my dentist and have had all of my questions answered before making a decision. I understand that dentistry is not an exact science and that there are no guaranteed results. Unless otherwise provided by law, I understand that I am responsible for payment of all dental fees not paid in full by any insurance or other applicable coverage. Having had adequate time to reflect upon the alternatives, I consent to the treatment, subject to changes in treatment plan, as detailed above.

Response Date: _____