

CONSENT FOR ENDODONTIC TREATMENT

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, it is a procedure in which results cannot be guaranteed. Further, I understand that not all factors that could cause a root canal to fail can be determined in advance.

I <<Patient First Name>> <<Patient Last Name>> understand that, this procedure will not prevent further tooth decay, fracture or gum disease and occasionally a tooth that has had root canal treatment may require re-treatment, endodontic surgery or tooth extraction.

Unlikely but possible risks of endodontic treatment include:

- 1) I understand that some factors that could lead to a less-than-ideal treatment outcome are the shape, size and location of my canals. My case may be more difficult if my tooth has blocked, curved, calcified or has narrow canals.
- 2) I understand that endodontic instruments sometimes separate in the canal which may or may not affect the prognosis. If the fragment cannot be retrieved it may be sealed inside the root canal and may require treatment in the future.
- 3) I understand that risks include perforations of the canal with instruments, sinus perforation and/or nerve disturbances.
- 4) I understand that fracture, chipping or loosening of existing tooth or crown is possible.
- 5) During or after treatment I may experience some pain or discomfort, swelling or bleeding. I also may require antibiotics to treat any associated infections.
- 6) I understand that it is possible that I will experience a change in the bite or issues with my jaw joint (TMJ Problems)
- 7) I understand that local anesthetic will be given. Some discomfort following treatment may develop from the injection area and opening my mouth during treatment. I understand that I could have an adverse reaction to the anesthetic and on rare occasions paresthesia can occur.

I understand that root canal treatment may not relieve my symptoms and treatment can sometimes fail for unexplained reasons. The following alternative treatment options are available to me

- 1) No treatment. I understand that medical issues may arise as a result of this.
- 2) Waiting for more development of symptoms
- 3) Extraction of the tooth and subsequently replacing the tooth with either nothing, a denture, a bridge or an implant

After the completion of the root canal treatment there may be further treatment; for example, a filling, or crown. Failure to have the tooth properly restored in a timely manner significantly increases the possibility of a failed root canal treatment or tooth fracture.

I have had an opportunity to ask questions and am satisfied with the answers I received. I consent to the procedure.

Tooth # \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_