

Patient's Name: \_\_\_\_\_ , \_\_\_\_\_  
Last First Initial

The purpose of root canal therapy is to retain teeth that would otherwise need to be extracted due to pathology & bacterial contamination inside the inner chamber (pulp tissue) of the tooth.

In most cases, there is only mild discomfort following endodontic treatment. This is usually controlled with over the counter medications (aspirin, Tylenol, Ibuprofen), or prescribed medication, however, the teeth treated may remain tender or even quite painful for several days, both during and after completion of treatment. If pain is severe or swelling occurs, please call our office immediately. Treatment may require multiple visits. It is important to maintain schedule appointments or the infection can reoccur and success may be compromised.

Endodontic treatment has a high degree of success (85-95%). As any medical or dental treatment, however, this treatment has no guarantee of success for any length of time. Teeth with previous root canal treatment will have a lower success rate. In some teeth, conventional root canal therapy may not be sufficient or even possible. If canals are calcified, roots excessively curved or inaccessible Endodontic treatment may not be possible, or if attempted may lead to an inadvertent root perforation or file separation may occur, requiring referral to a specialist for surgical endodontic treatment or extraction.

Accurate and complete disclosure of medical information is necessary for proper diagnosis, and to help prevent unnecessary complications during your treatment.

**The most common complications with root canal therapy include, but is not limited to:**

- Continued infection requiring endodontic (root canal) surgery or extraction of the tooth.
- Calcified canals or canals blocked by broken instruments requiring endodontic (root canal) surgery or extraction of the tooth.
- Pain, requiring use of medication.
- Side effects and reactions to medication.
- Fractures (breaking) of the root or crown of the tooth during or after treatment. Root fracture after or prior to treatment usually necessitates extraction. If your tooth already has a crown, there's a good chance it will need to be replaced due to decay or loss of structural support. Porcelain crowns are subject to breakage.
- Because of the fragility and small diameter of root canal instruments used in root canal treatment, there exists the possibility of instrument (file) separation (breakage) which may prevent access to removal of all pulpal tissue and increase risk of Endodontic failure.
- Tenderness of the tooth following treatment due to possible complications with root canal treatment, gum disease, physical stress from chewing, or the degree of healing your body exhibits.

Proper restoration of the Endodontically treated tooth is necessary following treatment. Failure to do so may result in fracture, loss of the tooth, or lead to recontamination of otherwise successful root canal.

Other treatment choices include no treatment, waiting for more definite development of symptoms, referral to Endodontic specialist, or tooth extraction (removal). Risks involved in these choices might include pain, infection, swelling, loss of teeth, delay in receiving proper treatment and spread of infection to other areas.

**Informed Consent:** I have been given the opportunity to ask any questions regarding the nature and purpose of root canal treatment and have received answers to my satisfaction. I have been given the option of seeking this treatment from a specialist. I do voluntarily assume any and all possible risks including, but not limited to, those listed above, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fees for this service have been explained to me and are satisfactory. By signing this document, I am freely giving my consent to render any treatment necessary and/or advisable to my dental condition(s), including prescribing and administering any and all anesthetics and/or medications.

Tooth/Teeth to receive treatment: \_\_\_\_\_

Patient or Guardian's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ENDODONTIC CONSENT AND INFORMATION FORM