



CONSENT TO ENDODONTIC TREATMENT

1. I have been advised that I require root canal treatment for tooth # _____. I understand the purpose of endodontic or root canal treatment is an attempt to save a tooth rather than remove it. Root canal treatment has been proposed because:

(Indicate those that apply)

- The tooth nerve is inflamed, causing pain and is unable to heal itself (Irreversible Pulpitis)
- The tooth nerve is dead and infected (Pulpal Necrosis)
- The infected tooth is causing damage to surrounding bone (Apical Periodontitis)
- The tooth is currently healthy, but is at risk of damage due to planned extensive restorative treatment i.e. crown and bridge work, or cracks (Preventative Root Canal Treatment)
- Other:

2. Based on the condition of my tooth, surrounding bone, and gum tissue at the time of diagnosis, the prognosis for successful root canal treatment is Excellent/Fair/Questionable

3. I understand that the goal of root canal therapy is to remove the source of the infection from the tooth. In over 90% of cases, once the source of the infection has been removed, the body will heal the infected tissue directly adjacent to the tooth. Factors such as diabetes, immunosuppression, etc can affect healing. As any medical or dental treatment, however, this treatment has no guarantee of success for any length of time. Occasionally, the tooth that has had root canal treatment may require retreatment at a specialist's office, root-end surgery, or even extraction. I understand that the cost of any additional procedures, resulting from complications related to root canal treatment, is my responsibility.

4. Treatment may require multiple visits. It is important that scheduled appointments be maintained or the infection can reoccur even if there is no longer any pain associated with the tooth.

5. The most common complications with root canal therapy include, but are not limited to:

- A. Chipping or breakage of the porcelain covering the surface of a crown or bridge (if present).
- B. In **rare cases**, breakage of root canal instruments, root fractures, or perforations with instruments can occur. While usually correctable, these situations may require referral to specialists, additional surgical corrective treatment, result in premature tooth loss, or require extraction of the tooth.
- C. Postoperative discomfort lasting a few hours to a few days for which medication will be prescribed, by the doctor, if deemed necessary.
- D. Postoperative swelling of the gum area or facial swelling, either of which may persist for a few days longer. If the swelling remains persistent and healing does not occur, extraction of the tooth may be required.
- E. Trismus (restrictive jaw opening) which may last a few days or longer.
- F. Fractures (breaking) of the root or crown of the tooth, during or after treatment. It is recommended that all posterior teeth be crowned, following root canal treatment.
- G. Overflow of root canal filling from the base of the root. In the majority of cases, this overfill is gradually reabsorbed or stays inactive. If this occurs, the healing process of the tooth will be monitored.

6. Other treatment choices include referral to a specialist, no treatment, waiting for more definitive development of symptoms, or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, or infection to other areas.

7. No warranty or guarantee of success has been or can be given in root canal treatment.

8. I understand the statements in this consent form, and have had the opportunity to ask any questions that I have. In light of this information, I hereby agree to proceed with treatment.

Signature of patient/guardian

Signature of witness

Date

Printed name of witness