

## INFORMED CONSENT FOR ENDODONTIC TREATMENT

*\*\*The Medical Consent Law requires Doctors to advise patients of the general nature of treatment procedures, the acceptable treatment alternatives, and the risks inherent in the proposed procedures.\*\**

I voluntarily consent to endodontic (root canal) treatment that has been recommended. I understand that the goal of root canal treatment is to save a tooth that may otherwise require extraction. Although root canal treatment has a very high success rate (over 90%), it is a dental-biological procedure, whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally undiagnosed or hidden problems arise. I understand that this procedure will not prevent future tooth decay or a possible fracture, and that occasionally a tooth that has had root canal treatment may require re-treatment, surgery, or a tooth extraction.

The treatment has been fully explained to me including the risks involved. I have been informed that the complications might include, but are not limited to:

- 1) Perforation of the canal with instruments, which could result in the need for root canal surgery, or the loss of the tooth.
- 2) Instrument breakage in the canal, which may require re-treatment, root canal surgery or extraction.
- 3) Incomplete healing, which may require re-treatment and/or root canal surgery or extraction.
- 4) Post-operative infection, which may require additional treatment and/or tooth extraction.

I am aware that the condition of the tooth will worsen and that other systemic problems could possibly develop if the recommended procedure is not done. It has been explained that other treatment options might be possible, such as, tooth extraction. I further understand that I might experience some post-treatment discomfort, swelling or numbness.

After the completion of the root canal procedure, you will be referred back to your restorative dentist for the permanent restoration (filling, crown, onlay). Failure to have the tooth properly restored significantly increases the possibility of re-infection, failure of the root canal procedure and/or tooth fracture.

I have had the opportunity to ask questions of my Doctor and am fully satisfied with the answers that I have received.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date