

Patient Information Label

INFORMED CONSENT FOR ENDODONTIC (ROOT CANAL) THERAPY

Root canal treatment works by removing bacteria from the hollow space inside the tooth, and by sealing off the inside of the tooth to prevent re-infection. Although root canal therapy has a very high success rate, it is a biological procedure and cannot be guaranteed. Occasionally, a tooth which has had root canal treatment may require **retreatment, additional surgery, or extraction.**

I understand the possible **risks** of root canal therapy, although rare, do exist. They include (but are not limited to) pain, infection, swelling, fever, changes in occlusion (bite), reaction to medications or anesthetics, nerve injury following local anesthesia, temporal mandibular (jaw) joint pain, and difficulty opening and closing.

I understand the **alternatives** to root canal treatment are extraction of the involved tooth or postponement of root canal therapy. I realize that postponement of treatment may result in future loss of the tooth.

I understand the possible **complications** of root canal therapy, although rare, do exist. They include (but are not limited to) instrument breakage in the root canal, inability to negotiate canals due to prior treatment or calcification, perforation to the outside of the tooth, irreparable damage to the existing crown or restoration, and cracking or fracturing of the root or crown of the tooth.

I have been aware of my condition of tooth/teeth _____ requiring endodontic (root canal) treatment in the opinion of my dentist. I am aware that the practice of dentistry is not an exact science, and no guarantees have been made to me concerning the results of the procedure.

CONSENT: I, the undersigned, being the patient (parent or guardian of the minor named) consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the doctor. I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. A tooth which has had root canal therapy may require additional treatment such as a filling and crown, surgery, or even extraction.

PATIENT(PARENT/GUARDIAN)SIGNATURE: _____ D

ATE: _____

WITNESS: _____ DATE: _____