

## ROOT CANAL CONSENT FORM

Dr..... has explained the nature of the treatment, it's purpose, associated risks and alternative treatments to me. I have been given the opportunity to ask questions. I have been given the option of no treatment. I have also been given the option of seeing a specialist, which I have refused.

Proposed treatment: Root canal of.....

### Possible risks:

- There are many factors that contribute to the success of root canal treatment, some of the factors are: resistance to infection; the bacteria causing the infection; the size, shape and location of the canals. Your case may be more difficult if the tooth has blocked, curved, or narrow canals.
- Root canal treatment may not alleviate symptoms and treatment can sometimes fail for unexplained reasons. If treatment fails, other procedures (including re-treatment or surgery) may be necessary to retain the tooth, or it may have to be extracted. All of these will result in an *extra charge*.
- During and after treatment, you may experience some pain, swelling, bleeding and loosening of dental restorations. You may also need antibiotics to treat any associated infections.
- Root canal instruments sometimes separate (break) inside the canal and may or may not affect the prognosis. If the separated fragment cannot be retrieved, it may be sealed inside the root canal or require additional treatment by a specialist. Other risks include; perforation of the tooth, sinus perforation and/or nerve disturbances. All complications may require a referral to a specialist if you wish to save the tooth. Specialist treatment will incur an *extra charge*.
- Once root canal treatment is completed, you must have a permanent restoration (dental crown) placed within 1 month. If you do not have the tooth restored, you risk a failure of the root canal treatment, decay, infection, tooth fracture and/or loss of the tooth.
- You consent that you have been given alternatives to root canal treatment. The most common alternatives to root canal treatment are: A) **Extraction**. you may choose to have this tooth removed. The extracted tooth usually requires replacement by an artificial tooth by means of a fixed bridge, dental implant, or removable partial denture. B) **No treatment**. you may choose to not have any treatment performed at all. If you choose no treatment, your condition may worsen and you may risk severe pain, swelling, infection, loss of this tooth and possible other teeth.

SIGN.....DATE.....

PRINT FULL NAME.....