



San Ramon

Consent for Endodontic Consultation

(Requirement for Patient Acceptance into our practice)

San Ramon Endodontics **requires** candidate patients provide Consent for Endodontic Consultation as a prerequisite for acceptance as a patient of record. Potential patients must agree to, actively participate in diagnostic tests deemed necessary to obtain reliable baseline information, and, follow office protocols. By so doing, an efficiently determined endodontic diagnosis is achieved. An accurate diagnosis, together with consideration given to the patient's expectations and well-being in mind, allows a thoughtfully considered treatment plan to be created.

Should one find themselves unwilling to accept office procedures, or allow the following diagnostic procedures and tests, please inform a staff member. Although we will be unable to accept you as a patient here, contact information for an alternate endodontist will be provided.

The Endodontic Specialist Consultation is a problem focused examination. The goal is to develop an endodontic diagnosis and treatment plan to address your chief complaint, assuming the complaint is of odontogenic origin. The procedures include:

1. Disclosure and review of medical history, current medications, and dental anxiety level.
2. The measurement of baseline vital signs
3. Review of current Chief Complaint.
4. Photographs: Extraoral (face) and Intraoral (in the mouth)
5. Digital Radiographs and/or Cone-Beam Computerized Tomography (x-ray exposure).
6. Palpation (firmly touching) of the temporal mandibular joint, muscles and lymph nodes of the neck, and intraoral palpation of the soft and hard tissue in the oral cavity.
7. Oral cancer screening.
8. Minor neurologic evaluation of the face including, light pin-pick or soft-touch testing
9. Percussion of teeth.
10. Localized periodontal probing.
11. Tooth mobility testing
12. Thermal and Electronic tooth pulp vitality testing.
13. Diagnostic Anesthetic Blocks (Numbing an area to rule-out a pain source.)
14. Trans-illumination of teeth
15. Bite-stick tests

Having read the above, I consent for the Endodontist, Dr. _____, or, the appropriately licensed staff of San Ramon Endodontics, to perform any, or all, of the above diagnostic procedures deemed necessary by the endodontist to develop an endodontic diagnosis and treatment plan.

Print Patient Name: _____

Patient Signature: _____

Date: _____