



Daniel L Rose, MS, DDS  
2817 Crow Canyon Road, Suite 100  
San Ramon, CA 94583  
925-829-5711, FAX 925-829-3531

## Consent for Endodontic Surgery

1. I \_\_\_\_\_ (Print Name) hereby authorize, consent, and direct, the licensed endodontist, Dr. \_\_\_\_\_ (Print Name) and, under the licensed endodontist's direct supervision, the licensed clinical staff of San Ramon Endodontics, as assistants to the endodontist, to perform Endodontic Surgery in an effort to save a tooth otherwise destined for extraction. With clear understanding of the following, written and expressed consent is granted to perform the surgical procedure.
  2. The endodontist explained the planned surgical procedure, using tooth models, x-rays, and pamphlets published by the American Association of Endodontists. Having been provided the information, I fully understand the nature of the scheduled Endodontic Surgery, including the risks, benefits, alternatives, and costs. Furthermore, I have been afforded the opportunity to ask questions concerning the procedure, which have been answered to my satisfaction, and that being the case, I consent to Endodontic Surgery, a procedure which may include: the removal of the jaw bone surrounding the root, resection of the root tip(s), placing a root filling(s), and the possible collection of diseased tissue (biopsy). The removed tissue will be examined by a pathologist (a specialist in identifying microscopic cellular disease) working in an Oral Pathology Laboratory.  
  
(There is no additional fee for the endodontist to, if necessary, collect the tissue for examination. However, the laboratory will charge a fee for examining the collected material, and a bill will be sent you for the Oral Pathology Lab's service. Usually the fee from the Oral Pathology Lab is between \$125 to \$250 dollars, and this is usually covered, in part, by your medical insurance.)
  3. The benefits of endodontic surgery include: eliminating persistent discomfort remaining after conventional root canal treatment, diagnosis of the problem causing the chief complaint, removal of an infected root tip(s), removal of abscess, and possibly saving a tooth otherwise destined for extraction.
  4. Alternatives to the planned endodontic surgery include: no treatment with risk of developing serious infection, a welcomed second opinion, or extraction of the tooth. If extraction is the option of choice, the missing tooth often requires replacement with an artificial tooth.
  5. The endodontist has explained the inherent risks associated with the surgical procedure. Risks include, but are not limited to: swelling, adjacent tooth thermal sensitivity, minimal bleeding, minor pain, post-operative infection, transient or permanent numbness or tingling sensations in the lip, tongue, chin, gum or cheek, persistent discomfort, delayed healing, maxillary sinus perforation and sinus infection, loss of tooth, the need for root canal treatment in adjacent teeth, bruising, allergic or other untoward reactions to anesthetic injections or prescribed medications.
  6. I understand endodontic surgery is the final effort to save a tooth otherwise destined for extraction, and, the prognosis (The chance achieving of the desired outcome), depends on many factors, some of which, are beyond the scope of the planned surgical endodontic procedure, and, there is no guarantee of a successful outcome.
- I \_\_\_\_\_ (Print Name) voluntarily consent, authorize, and direct, Dr. \_\_\_\_\_, (Print Name), a licensed endodontist, to perform intraoral Endodontic Surgery.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_