

Patient Consultation Consent form

San Ramon Endodontics requires patients to 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 doing so, 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 us. 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 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. Percussion of teeth, bite-stick test.
9. Localized periodontal probing.
10. Tooth mobility testing.
11. Thermal and Electronic tooth pulp vitality testing.
12. Diagnostic Anesthetic Blocks (Numbing an area to rule-out a pain source.) if needed.

Having read the above, I consent for Dr Saoji. And his 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.

Patient Name: _____ Date: _____

Patient Signature: _____
