

General Dentistry Specialty Services
 Implants, Endodontics, and Oral Surgery
 www.MARSHALLGALLANTDMD.com
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INFORMED CONSENT FOR ENDODONTIC TREATMENT

Patient's Name _____

Date _____

You have been referred to our specialty office because you may need to receive endodontic therapy. The need for this therapy is mostly due to trauma (often from a cavity, large restoration, or fracture) to your tooth, which has compromised the health of the pulp tissue. Endodontic (root canal) therapy is performed to relieve your current symptoms and save a tooth which might otherwise need to be removed. The therapy is accomplished by conventional endodontic therapy (removal of the nerve tissue and the sealing of the space that is created in the canal in order to relieve or prevent infection in the root of your tooth), or when needed, endodontic surgery. We do not do oral cancer screenings.

We would like our patients to be informed about the various procedures and risks involved in endodontic therapy/surgery versus other treatment choices. You will be required to sign this consent prior to your evaluation, **however it does not commit to you opting for treatment.** It serves to acknowledge that you may ask any questions and have been informed and understand the following:

RISKS OF ANY DENTAL PROCEDURE: Included, but not limited to, are: allergic reactions or complications from the methods and use of dental instruments, dental materials, medications and injections. Complications may include swelling, bruising, sensitivity, bleeding, pain, itching, infection, tooth discoloration, restricted jaw opening, delayed healing, changes in the occlusion (biting), jaw pain or restricted opening, facial/neck muscle cramps and spasms, and numbness or tingling in the face and mouth. On infrequent occasions, development of an abscess, loosening of teeth, referred pain to the ear, neck or head, nausea, or sinus perforations may occur.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY AND SURGERY: Included, but limited to, are: the possibility of instruments breaking within the root canals, perforations (extra opening) of the crown or root of the tooth, damage to bridges, existing fillings, crowns, porcelain veneers, loss of tooth structure, cracked teeth, injury to soft tissues or nerves near the tooth, and small root fragments remaining. **If it is necessary to access the root through an existing crown, you may require a new crown.** Your general dentist will determine if a new crown is required. During the procedure, complications may become apparent which make treatment impossible, or which may require dental surgery or extraction (removal of the affected tooth). These complications include inability to access to the tooth needing treatment, blocked canals due to fillings or prior treatment, curved or narrow canals, natural calcifications, broken instruments, periodontal disease, resorptive defects, and fractures (cracks) of the teeth.

MEDICATIONS: Prescription medications may cause ineffectiveness of birth control pills, drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol or other drugs). It is not advisable to operate any vehicle or hazardous devices until you have recovered from their effects.

OTHER TREATMENT CHOICES: These include no treatment, waiting for more definite development of symptoms, or tooth extraction. All of these choices, and the choice not to complete the root canal treatment once it has begun, carry risks of their own including, but not limited to: severe pain, infection and swelling, cyst formation, systemic disease, and

Patient Initials

loss of this tooth and possibly other teeth. Extraction frequently needs to be followed by a bridge, partial denture, or an implant to prevent shifting of the other teeth so that there will be an even distribution of the forces during chewing, and to keep a full appearance of the face. All these restorations are at an additional cost to the cost of extraction.

INSURANCE: As a courtesy to you, we participate in many insurance plans, but our professional services are rendered and charged to you, not your insurance company. Your insurance policy is a contract between you/your employer/your insurance company, but not our office. However, if insurance information is provided prior to your treatment and verification is obtained, we will accept assignment for the insurance portion of the benefits. Before treatment is performed, we collect payment of any deductible amount, co-pay, or other estimated amount not covered by your insurance company. **Any portion of the fee not covered by your insurance is your responsibility.** Our office will not enter into a dispute with your insurance company over any claim. All fees charged via attempts to collect any patient portion will be the financial responsibility of the patient or guardian. It is your responsibility to file any medical claims, workman's comp, secondary insurance, COBRA, or government/military insurance.

Although the endodontic therapy performed will be performed in a manner which will minimize and avoid risks and has a high degree of clinical success, it is still a biological procedure and cannot be guaranteed. Various factors that cannot be controlled contribute to the success of the therapy, which include, but are not limited to: your general health, your healing capacity or resistance to infection, adequate gum attachment and bone support, the anatomy, condition and location of the roots, habitual clenching and grinding, the force with which you bite and a fracture of the treated tooth. If we detect a fracture in a tooth and still recommend treatment, be aware that in spite of treatment some cracks may continue to progress, ultimately resulting in loss of the tooth. However, treating the cracked tooth is still important because it will relieve pain and reduce the likelihood that the crack will worsen.

Rarely, a tooth that has had endodontic therapy may not relieve your pain and symptoms totally, and may require retreatment, surgery, even extraction, or treatment of another tooth. There will be a full charge for all completed cases, regardless of success or failure. If a treatment cannot be completed due to a complication, there will be a charge for all procedures performed up to that point.

It is your responsibility to seek attention should any undue circumstances occur postoperatively and diligently follow any preoperative and postoperative instructions given to you. **UPON COMPLETION OF THE ENDODONTIC PROCEDURE, YOU MUST PROMPTLY (in no case longer than 30 days) RETURN TO YOUR GENERAL DENTIST FOR PERMANENT RESTORATION OF THE TOOTH, (the cost of which is not included in our fee).**

I have read, acknowledge and understand the content of this document. I consent to allow and authorize the dentist and/or his staff to perform any examinations, diagnostic procedures, and render any treatment or medications necessary or advisable to my dental condition as it stands now or as it arises during treatment.

Patient (Parent or Guardian)

Date

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