



INFORMED CONSENT FOR ENDODONTIC TREATMENT

Patient Name

Procedure

The trauma to, or infection in, your tooth has compromised the health of its pulp which contains the blood vessels and nerves. In order to save your tooth from extraction, endodontic therapy (Root Canal Treatment) will be necessary. Endodontic therapy (meaning “within the tooth”) is the treatment of the canal or pulp chamber that lies within the tooth and its roots. When completed, root canal teeth generally act and feel just like your other teeth and may have an excellent chance of remaining in your mouth for as long as your other teeth.

The results from root canal treatment cannot be guaranteed; however, the degree of success greatly exceeds negative results. Failure rate for root canal treatment is approximately 5-10 percent.

Following root canal treatment, a restoration (filling, crown and/or post and core) will be necessary to restore the tooth to function. We usually recommend placing a crown on the tooth for its protection due to fact that the tooth is brittle and subject to fracture. The fee for restoration will be additional. Failure to follow through with the recommended restoration may result in fracture, and/or possible loss of the tooth. Should treatment have to be discontinued before completion, or if it fails following treatment, other procedures may be necessary to save the tooth, or it may have to be extracted.

I understand these are possible risks of the procedure(s):

Root canal therapy is considered to be very safe and effective. Nevertheless, we want you to be aware of the risks and

Your treatment make stake several visits over a few weeks to complete. During that time you may experience

some discomfort in and around the tooth being completed. Usually this discomfort resolved within several

weeks. However, despite the high success rate of this procedure, there is a chance that the root canal procedure

will not resolve your pain. In such cases, additional treatment may be necessary resulting in additional charge to

you. Examples of other treatment needed include retreatment, root tip surgery, or even extraction.

Occasionally, one of the delicate instruments used for this procedure will break off inside the tooth. If we are

unable to remove the broken piece of instrument, it may be close enough to the end of the root that we may

elect to leave it in place and fill the canal behind the obstruction. If, however, this is not an option or if it is attempted without success, you may require other treatment at additional charges to you. I understand that the medications, drugs, anesthetics, and prescriptions taken for this procedure may cause drowsiness and lack of awareness and coordination. I further understand that drugs and anesthetics may cause unanticipated reactions, which might require medical treatment. I also understand that I should not consume alcohol or other drugs because they can increase these effects. I have been advised not to work and not to operate any vehicle or machinery until I have fully recovered from the effects of the medication. We invite your questions concerning this or related procedures and their risks. By signing below you acknowledge that you have read this document, understand the information presents, and have had all your questions answered satisfactorily.

Patient Signature: _____

Date _____

Doctor Signatue: _____

Date _____