

# Cosmetic & Family Dentistry

## Endodontic Therapy Consent Form

Patient's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

The recommendation that one or more of your teeth receive endodontic therapy (Root Canal Treatment) is based upon your symptoms, examination of your mouth, the treatment plan we have discussed and your choice.

Root canal treatment is an attempt to save a tooth which otherwise may require extraction. Success of treatment is dependent on many variables, which are not under the control of the dentist or patient. Root canal therapy is reportedly successful 85-95% of the time. However, despite the high success rate there is a chance that the root canal treatment will not relieve your pain. In such cases additional treatment may be necessary resulting in additional charges to you.

It is important that you know the complications, which can occur during treatment, which may affect the outcome of treatment. Such complications include, but are not limited to:

1. **Post-operative discomfort lasting a few hours to several days which may require pain relieving medications as deemed necessary by the dentist.**
2. **Post-operative swelling of the surrounding gum tissue or facial area, which may require antibiotic medications as deemed necessary by the dentist.**
3. **Inability to completely fill the root canal because the canal is calcified or has a unique curvature. This may require endodontic surgery or result in loss of the tooth.**
4. **Separation of canal instruments in the canal which may require additional surgical correction or result in loss of the tooth.**
5. **Perforation of the tooth/root, which may require additional surgical correction or result in loss of the tooth.**
6. **Crack or fracture of tooth/restoration (porcelain restorations especially) during treatment, which may require a new restoration or possible result in loss of the tooth.**
7. **Complications associated with the administration of local anesthetics including an allergic reaction, fainting, heart palpitations, bruising, hematoma and paresthesia (temporary or possibly permanent).**
8. **Short or long-term tenderness or soreness related to the temporomandibular joint (jaw joint).**

Once a tooth has received root canal treatment, it tends to be more brittle and weak. For this reason, we recommend placing a crown on the tooth for its protection. Without this protection, there is a significant chance of the tooth fracturing which may result in loss of the tooth.

I GIVE MY PERMISSION FOR DR. \_\_\_\_\_ TO PERFORM THE ABOVE DESCRIBED  
ENDODONTIC PROCEDURE.

\_\_\_\_\_  
Patient signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date