

INFORMED CONSENT FOR ENDODONTIC TREATMENT

Patient 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.

Endodontic therapy (meaning “within the tooth”) is the treatment of the canal or pulp chamber that lies within the tooth and its root. When completed, root canalized 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.

Endodontic therapy is accomplished by using a local anesthetic to numb the tooth involved. Access to the pulp chamber is gained by using a drill to open a hole through the top of your tooth. Small handheld and rotary instruments are used to remove the tissues inside the tooth and gain access to the canals in the roots. Delicate files are then used to smooth and shape the canals. The canals will be sterilized with medication and the canals completely filled with inert material prior to placement of the final restoration.

This therapy is considered to be very safe and effective. Nevertheless, we want you to be aware of the risks and consequences of having endodontic therapy performed.

Your treatment may take 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.

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 require its 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 presented, and have had all your questions answered satisfactorily.

Signatures: _____
Patient, patient or guardian

Doctor

Date