



Consent for Endodontic Treatment

I have been informed by my general dentist that I may require an endodontic procedure (root canal treatment). I have read and understand the following:

- I understand that additional dental radiographs are required for diagnosis and treatment of my tooth/teeth.
- I understand root canal treatment is a procedure to retain a tooth, which may otherwise require extraction. Failure to follow this recommendation will most likely result in:
 - a) The loss of the tooth.
 - b) Bone destruction due to an abscess.
 - c) Possible systemic (affecting the whole body) infection.
- A certain percentage (5-10%) of root canals fail, and they may require re-treatment, Periapical surgery, or even extraction. If a root canal procedure is being re-treated (done a second time) the percentage of failures increases to 15-20%. Although clinical success rates are generally high, a root canal procedure is a biological process and cannot be guaranteed. Incision and Drainage of an abscess is in some cases required to relieve pressure and to drain infection.
- During instrumentation of the tooth an instrument may separate and lodge permanently in tooth or an instrument may perforate the root wall. Although this rarely occurs, such an occurrence could cause the failure of the root canal and the loss of the tooth.
- When making an access (opening) through an existing crown or placing a rubber dam clamp, damage could occur and a new crown would be necessary after endodontic therapy.
- Successful completion of the root canal procedure does not prevent future decay or fracture.
- Temporary fillings are usually placed in the tooth immediately after root canal treatment.
- Teeth which have had root canal treatment will require a permanent (outside) restoration. This may involve a filling or more extensive restorative work (pins, post, crown build-up, crown) depending on the clinical status of the tooth. These services are provided by the general dentist.
- I understand that a series of appointments may be necessary to complete the root canal therapy, as well as other appointments for restoration. I am also aware that I may have continuing temporary symptoms throughout and for a few days following the treatment. Those symptoms may include swelling, drainage, pain, fever, infection, and numbness. Numbness can very rarely be long term or even permanent, this is called "paresthesia".
- There are risks involved in administration of anesthetics (paresthesia), analgesics (pain medication) and antibiotics. I will inform the doctor of any previous side effects or allergies.
- Note: Antibiotics may decrease the effectiveness of birth control medication. Additional methods of birth control should be used while on antibiotics.

If root canal treatment is determined by the endodontist to be required, I consent to this treatment.

Patient Name (Printed) _____

Patient/Guardian Signature _____ Date _____