



Endodontic (Root Canal) Informed Consent

We are concerned not only about your dental health and endodontic treatment needs, but also about your rights as a patient to make the treatment decision that you feel is best for you. Our commitment to you is to provide you with detailed and complete information about your dental needs as we diagnose them. We will share our diagnostic processes with you, and we invite and welcome all of your questions regarding treatment. Towards this aim of a mutual sharing of information, we feel it is important to advise you of the reasonably foreseeable risks of endodontic therapy. The following is important information you should consider to aid your treatment decision.

1. The purpose of a root canal treatment is to retain teeth that would otherwise have to be extracted.
2. Treatment may require multiple visits. It is important that you maintain your scheduled appointments. If you do not return for follow up appointments, the infection could reoccur.
3. In most cases, there is only mild discomfort following each treatment. This discomfort is usually controlled with over the counter pain relievers such as Aspirin, Aleve, Advil, Motrin or a prescribed medication.
4. Endodontic treatment has a high degree of success. As with any medical or dental treatment, there is no guarantee of success for any length of time. Teeth having had previous endodontic treatment will have a lower success rate.
5. Accurate and complete disclosure of medical information is necessary for proper diagnosis, and to help prevent any unnecessary complications during your treatment.
6. The most common complications with root canal therapy include, but are not limited to, the following.
 - a. Continued infection requiring endodontic (root canal) surgery or extraction of the tooth.
 - b. Calcified canals or canals blocked by broken instruments requiring endodontic surgery or extraction of the teeth.
 - c. Pain, requiring the use of medication.
 - d. Side effects and reactions to medications.
 - e. Fracture (breaking) of the root or crown of the tooth during or after treatment. It is recommended that all posterior teeth and most anterior teeth be crowned following a root canal treatment. If your tooth already has a crown, there is a chance that it will need to be replaced due to decay or loss of structural support. Porcelain crowns are subject to breakage.
 - f. Tenderness of the tooth following treatment due to possible complications with the root canal treatment, gum disease, physical stress from chewing, or the degree of healing your body exhibits.
 - g. The root canal(s) of the teeth are permanently sealed with gutta percha and cement. Occasionally, these filling materials overflow through the end of the tooth. In the majority of cases, this overfill is gradually reabsorbed or stays inactive. If this occurs, the healing process of the tooth will be observed.
7. Other treatment choices include: no treatment, waiting for more definitive development of symptoms, and tooth extraction. Risks involved in these choices might include, pain, infection, swelling, loss of teeth, and infection in other areas.
8. If you have questions, please ask.

I have read and understand the above and hereby consent to treatment. I also understand that the root canal treatment will not save the tooth unless a permanent restoration (Crown, Onlay, etc.) is done within 30 days.

Signature of Patient, Parent or Guardian

Date

Office Use Only

Proposed Treatment: _____

If, during the procedure, a change in treatment is required, I authorize the doctor to make whatever change he/she deems in their professional judgment necessary. I understand that I have the right to designate the individual who will make such a decision.

Endodontist's Signature: _____ Patient's Initials: _____ Companion/Guardian Signature: _____