



## Endodontic (Root Canal) Informed Consent

Date of treatment: \_\_\_\_\_ Tooth Number: \_\_\_\_\_

We are concerned not only about your dental health and endodontic treatment needs, but also about your right as a patient to make the treatment decision that you feel is best for you.

Our commitment is to provide you with detailed and complete information about your dental needs as we diagnose them. We will share our diagnostic process with you and we invite and welcome all of your questions regarding treatment.

We believe that it is important to advise you of the reasonably foreseeable risks of endodontic therapy. The following is important information you should consider to aid you with your treatment decision.

- Root Canal therapy is a procedure designed to retain a tooth that may otherwise require an extraction. Root canal therapy has a very high degree of success. However, it is a biological procedure and results cannot be guaranteed.
- Approximately 5% to 10% of teeth that have undergone non-surgical root canal therapy may require retreatment or root end surgery.
- Despite our best efforts, approximately 10% of endodontically treated teeth may fail and require extraction.
- Final restoration (crown) of the tooth that has undergone root canal therapy is essential to root canal success and retention of the tooth. A crown should ideally be completed within 90 days of the root canal.
- Some root canal treatments may require prolonged mouth opening during the procedure. Therefore joint and muscle soreness may occur. Pre-existing joint problems may become aggravated. If there are no medical contra-indications, take 400-600mg ibuprofen ½ hour before the appointment.
- Some discomfort or pain may be perceived. This is usually managed with over the counter analgesics (e.g.; Ibuprofen, Tylenol). Occasionally severe pain and or swelling may exist after treatment. This is usually controlled with prescription drugs.
- In very rare instances, numbness on one side of the tongue or the lower lip may occur .This is usually of temporary nature but in some cases may be permanent.
- It has been explained to me that once the root canal therapy is started, the entire treatment plan must be completed on schedule. If this is not done, the treatment may fail and it shall be solely my responsibility.

- Discoloration of the treated tooth may be a result of root canal treatment and may be corrected by tooth whitening, crowns or veneers.

Unusual reactions, either mild or severe, may possibly occur from the anesthetics or other medications administered or prescribed. All prescription drugs are to be taken according to the instructions. Women taking oral contraceptives must be aware that antibiotics can render the contraceptives must be utilized during the dental treatment period.

- It is my responsibility to inform the dentist of any health problems known or suspected.
- It is my responsibility to seek attention should undue circumstances occur post-operative. I shall diligently follow all post-operative instructions given to me.

**Alternative Treatment to root canal**

1. No treatment.
2. Extraction with or without subsequent replacement by bridge, implant or denture.
  - No guarantees or promises have been made to me concerning my recovery and results of the treatment to be rendered to me. I do voluntarily assume any and all possible risks, which may be associated with any phase of the treatment.
  - The fees for this service have been explained to me and are satisfactory.
  - I have been given the opportunity to ask any question regarding the nature of the proposed treatment. I have received the answers to my satisfaction.
  - By signing this form I am freely giving my consent to allow and authorize Dr. Patterson to render any treatment necessary or advice to my dental conditions, including all anesthetics and or medication.

I \_\_\_\_\_ have had an opportunity to read the information given to me on this consent form and clearly understand the risks and reasoning for endodontic treatment.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date