

ENDODONTIC CONSENT AND INFORMATION FORM

The purpose of this document is not to alarm you but, we are advised not to begin treatment on anyone who has not read and signed this form.

Root Canal Therapy, Endodontic Surgery, Anesthetics and Medications

We would like to inform you about the various procedures involved in endodontic therapy and have your consent before starting treatment: Endodontic (root canal) therapy is performed in order to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment, and other treatment choices.

RISKS: Included (but not limited to) are complications resulting from the use of dental instruments drugs, sedation, medicines, analgesics (pain killers), anesthetics and injections. These complications include: swelling; sensitivity: bleeding; pain; infection; numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is transient, but on infrequent occasions may be permanent; reaction to injections; changes in occlusion (biting); jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth, referred pain to ear, neck and head; nausea; vomiting; allergic reactions; delayed healing; sinus perforations and treatment failure.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: The risks include the possibility of instruments broken within the root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment complications may include: blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, and periodontal disease (gum disease); splits or fractures of the teeth.

MEDICATIONS: Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects.

OTHER TREATMENT CHOICES: These include no treatment, waiting for more definite development of symptoms, tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, an infection to other areas.

CONSENT AND PERMISSION FOR ROOT CANAL PROCEDURE: I, the undersigned, consent to the performing of whatever examination and/or endodontic procedure that may be decided upon to be necessary or advisable in the opinion of the doctors. I UNDERSTAND THAT THE DOCTORS WILL EXAMINE ME AND PROCEED WITH TREATMENT ONLY AFTER THEY EXPLAIN WHAT THEY WILL DO. I HAVE THE RIGHT TO REFUSE TREATMENT AFTER THIS EXPLANATION. The doctors DO NOT guarantee the results of any root canal procedure. I also understand that I am to return to my dentist for permanent fillings of the treated teeth.

Signature of patient

Date