



ENDODONTIC THERAPY CONSENT FORM

What you should know about Endodontic Therapy (Root Canal)

Endo

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This consent is NOT MEANT TO ALARM YOU; rather it is to inform you of your diagnosis, recommended treatment, some of the possible associated complications and alternative treatments. This information allows you to make an informed decision as to whether you want to pursue root canal treatment. Please read carefully and ask your doctor if you have any questions.

Reasons for Treatment

Endodontic therapy (root canal) is accomplished in an effort to save a tooth which would otherwise require extraction. The risks associated with these choices may include pain, infection, swelling, loss of teeth, and spread of infection to other areas.

Treatment Alternatives

Other treatment choices include no treatment at all, waiting for more definitive symptoms to develop, and tooth extraction. The risks associated with these choices may include pain, infection, swelling, loss of teeth, and spread of infection to other areas.

Risks Specific to Endodontic Therapy

Those risks include the possibility of instruments broken within the root canals, perforation (extra openings) of the crown or root of the tooth, damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth. During treatment complications may be discovered which make treatment impossible, or which may require endodontic surgery. These complications may include blocked canals due to previous fillings or prior root canal treatment, natural calcification, broken instruments, curved roots, periodontal disease (gum disease), fractures of the tooth, canal overfills.

Other Risks of Treatment

Included but not limited to are complications resulting from the use of dental instruments, drugs, medicines, analgesics, anesthetics, and injections. These complications include swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheek and teeth, which is transient but on rare occasion may be permanent, reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, Temporomandibular joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, delayed healing, and treatment failure.

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 the effects of the medications have worn off.

Consent

I, the undersigned, being the patient (parent or guardian of a minor) consent to the performing of procedures deemed advisable in the opinion of the doctor. I also understand that upon completion of root canal therapy, a final restoration, such as a filling or a crown, will be required. I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require retreatment, surgery or extraction.

Name of Patient (Please Print) _____ (Patient/Parent/Guardian) Signature _____

Date _____ Witness _____