

CONSENT AND INFORMATION
Endodontic (Root Canal) Therapy, Local Anesthetic and Medication

It is the belief of this office that you should be informed about your treatment and that you should give your consent before starting that treatment. The purpose of this form is to outline the risks that may occur in the endodontic (root canal) treatment and the other treatment choices. Risks of treatment are of two kinds: those risks involved in general dental procedures and those risks specific to endodontic treatment.

RISKS OF DENTAL PROCEDURES IN GENERAL: 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 pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth. Reaction to injections, change in occlusion (biting), muscle cramps and spasms, jaw joint difficulty, loosening of teeth or restorations in teeth, injury to other tissues, and referred pain to the ear, neck and head can also occur. Nausea, vomiting, allergic reactions, itching, delayed healing, sinus complications, and further surgery can also occur. Medications (prescribed) may cause drowsiness, lack of awareness and coordination, thus it is advisable not to operate any vehicle or hazardous device until recovered from their effects

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: These risks include 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 be discovered which make treatment impossible or which may require dental surgery. These complications may include: blocked canals due to fillings, prior treatment, natural calcification, broken instruments, curved roots, periodontal disease, splits or fractures of the teeth.

THE OTHER TREATMENT CHOICES INCLUDE: no treatment, waiting for more definite development of symptoms or having the tooth removed. Risks involved in these choices might include pain, swelling, infection, loss of the tooth, and infection to other areas. Treatment will be done in a manner to minimize or avoid risks.

Root canal treatment is an attempt to retain 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 re-treatment, surgery or even extraction.

I, the undersigned, being the patient (parent or guardian of minor patient) consent to performing the procedures decided upon to be necessary or advisable in the opinion of the Doctor. \$35.00 Fee for "no show" appointments will also be assessed.

Patient/Parent Signature

Date