



PATIENT CONSENT FOR ROOT CANAL TREATMENT

Having had an examination and x-rays, and other testing procedures, and myself complaining of pain to tooth# , in the opinion of my dentist, my teeth require root canal treatment and possible apicoectomy, enucleation and retrofilling. Alternative options such as extraction and implant placement, as well as extraction and permanent or temporary bridge, as well as antibiotic medications, were presented to me, as well as the cost associated with each of the above procedures. I understand the risk and benefits associated with having or not having the treatment. I was given the option to seek treatment from a root canal specialist- endodontist- which I have refused. However, I understand that in the event of complications within my tooth structure, such a referral I will have to complete.

I, , voluntarily consent to endodontic treatment that has been recommended. I understand that the goal of RCT is to save a tooth that might otherwise require extraction. Although the root canal treatment has a high success rate, it is a dental- biological procedure, whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally undiagnosed or hidden problems arise. I understand that this procedure will not prevent future tooth decay or a possible fracture, and that occasionally a tooth that had root canal treatment may require re-treatment, surgery of tooth extraction.

The treatment has been fully explained to me including the risk involved. I have been informed that complications might include, but are not limited to:

- Perforation of canals with instruments, which could result in the need for root canal surgery or the loss of tooth;
- Instrument breakage in the canal, which may require re-treatment, root canal surgery or extraction;
- Incomplete healing, which may require re-treatment and or root canal surgery or extraction;
- Post-operative infection, which may require additional treatment and the use of antibiotics;
- Tooth fracture, that may require additional treatment or tooth extraction;
- Referral to a specialist if any unexpected difficulties occur during treatment;
- Post treatment discomfort, altered feeling of the soft tissues of the mouth;

I am aware that the condition of the tooth will worsen and that other systemic problems could possibly develop if the recommended procedure is not done. It has been explained that other treatment options might be possible, such as, tooth extraction, and followed by fixed or removable bridge work, or placement of dental implants;

After the completion of the root canal procedure I understand that I will require either a permanent filling or post and core and crown. Failure to have the tooth properly restored significantly increases the possibility of re-infection, failure of the root canal procedure and tooth fracture.

I realize that I will have an opportunity to ask questions of my doctor prior to treatment;

Patient Signature:

Date: January 24, 2017