

## Endodontic (Root Canal) Consent Form

1. Complete and accurate disclosure of medical information about the patient is necessary for proper diagnosis and treatment and to minimize unnecessary complications related to root canal treatment.
2. The purpose of root canal therapy is to retain a tooth that might otherwise require extraction (removal). Root canal treatment is a biological procedure therefore; there is no guarantee or warranty relating to any root canal treatment for any period of time. Teeth with previous root canal treatment have a lower success rate when retreated. Treatment provided is not guaranteed to save any treated tooth.
3. Root canal treatment may require multiple office visits. Therefore, the patient must return for all additional appointments at the time specified by the doctor. The patient's failure to complete the treatment within the specified period may result in recurrent infection, pain, failure of the root canal treatment, loss of the tooth or other problems or complications and require additional treatment with additional fees at the patient's sole expense.
4. I understand that the most common risks and complications related to root canal treatment include, but are not limited to:
  - a. Continued or recurring infection.
  - b. Breakage of an endodontic instrument within the root canal and inability to remove the broken instrument.
  - c. Calcified canals that cannot be found or treated.
  - d. Perforation of a tooth during treatment.
  - e. Overfilling of root canal materials beyond the end of the root canal and into bone.
  - f. Fractures or breakdown of the root or crown of the tooth during or following treatment.
  - g. Pain or tenderness of the tooth following treatment due to possible complications or normal post operative response.

These complications may require retreatment, root canal surgery, extraction or follow-up of the tooth.

5. It is recommended that all teeth be crowned following root canal treatment unless instructed otherwise. Any tooth having an existing crown may require a new crown as a result of underlying tooth decay or loss of supporting tooth or crown structure. Existing porcelain crowns are subject to breakage as a result of root canal treatment.
6. Alternative treatment choices include no treatment, waiting for more definite development of symptoms and tooth extraction. Risks involved in such choices include, but are not limited to pain, infection, swelling, loss of teeth and infection to other areas of the body.
7. I have been informed of the possible risks and complications involved with drugs and anesthesia prescribed for me. Such complications include, but are not limited to pain, swelling, infection and discoloration of the teeth and temporary or permanent numbness of the lip, tongue, cheek, or teeth, inflammation of a vein, delayed healing, allergic reactions to drugs or medications used.

I hereby certify that I have read and understand the above information and give my consent for Dr. Baokhoi Bui to perform root canal treatments for \_\_\_\_\_(print patient's name).

\_\_\_\_\_  
Signature of adult patient/parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Signature of Dentist