



Consent for: For Endodontics (Root Canal Therapy)

- 1) The following informed consent form for endodontic treatment for the condition(s) described as either: **caries (“cavity”), recurrent caries (“cavity under a filling”), irreversible pulpitis (“nerve is dying”), necrotic pulpitis (“nerve died), acute apical periodontist (“pain when I bite” or chronic apical periodontist (“infection under the root”)**
- 2) The procedure(s) necessary to treat the condition(s) have been explained to me, and I understand the nature of the procedure(s) to be: **Root canal**
- 3) The prognosis for this(these) procedure(s) was described as either: **excellent, good, fair, questionable or poor.**
- 4) I have been informed of possible alternative methods of treatment including:
 - A. No treatment at all
 - B. Extraction
 - C. _____
- 5) I consent to the administration of local anesthesia in connection with the procedure(s) referred above, if necessary. I understand that administration of local anesthesia involves risks including pain, paralysis, injury and rarely, even death.
- 6) Complications with local anesthesia although rare can include swelling, bruising, pain, infection, nerve damage, and unexpected allergic reaction, which could lead to a heart attack, stroke, brain damage and/or death.
- 7) With a success rate that is in the 90-95% range, endodontics is one of the most reliable dental procedures. However, there can be **no absolute guarantee** regarding treatment success. Some complications can include:
 - A. **Perforations:** Possibility of perforations of the tooth’s crown or root or into the sinus. This can ultimately lead to surgical treatment by a specialist, or possible loss of the tooth
 - B. **Existing Restorations:** Damage to existing restorations (fillings or crowns) which may necessitate replacement at the patient’s expense.
 - C. **Separation or Breakage of Instruments:** Possibility of the separation or breaking of instruments which may not be removable, and which may cause pain, swelling and/or infection, which may result in the loss of the tooth.
 - D. **X-rays:** Root canal treatment relies heavily on radiographic (x-ray) information. Since radiographs are essentially two dimensional images of three dimensional object, they provide good but not infallible information about the shape of the tooth, which can lead to endodontic failure, which may necessitate re-treatment or surgical treatment at a specialist office.
 - E. **Host resistance:** In much the same manner that some people catch a lot of colds, some people’s immune systems are not as strong as others, which can contribute to endodontic failure due to persistent infections.
 - F. **Calcified Canals:** Some teeth have very calcified (narrow) or curved canals that may not allow for endodontic therapy to be completed to the end of the root. This may necessitate the future need for surgery by a specialist, or loss of the tooth. Sometimes a general dentist will refer a patient to a specialist if he/she finds that they cannot successfully get an instrument to the end of the root. If that occurs, you will be informed by your dentist, and no fee higher than a pulptomy fee (a procedure where



just the top part of the nerve tissue is taken out in emergencies and certain other instances) will be charged to the patient.

- G. Fractured roots:** Some teeth may have fractured roots that are undetectable at the time of treatment. Unfortunately, this usually results in the loss of the tooth.
- H. Root canal failure:** a certain percentage of root canals fail, and they may require retreatment, secondary surgical procedures or even extraction.
- I. Irrigants:** During root canal therapy, irrigants are used to enhance tissue removal and to disinfect the tooth. Occasionally these irrigants may enter the surrounding tissue or bone and cause pain, swelling, inflammation, and in rare cases, tissue necrosis.
- J.** Changes in occlusion (biting); jaw muscle cramps and spasm; temporomandibular joint difficulty.
- K.** Despite all efforts by a general dentist, or a specialist, some complications could result, which include, but are not limited to:
 - i.** allergic reactions to medications, materials or drugs used
 - ii.** pain
 - iii.** swelling
 - iv.** infection
 - v.** bleeding
 - vi.** sensitivity to pressure during or after the canal(s) is sealed
 - vii.** paresthesia or long-term numbness
- L.** Successful completion of a root canal does not prevent further decay or fracture. The treated tooth will need subsequent treatment with a permanent filling, or a crown buildup and crown, or a post and crown, depending on the individual tooth. The costs for doing any of these procedures are **not** included in the fee for performing a root canal.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of having an endodontic treatment performed and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired results, which may or may not be achieved. No promises or guarantees have been made to me concerning desired results of this procedure. The fee(s) for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Lee and/or any associates to render that treatment necessary or advisable to my dental conditions, including the administration and/or prescribing of any and all anesthetics and/or medications.