



## ENDODONTIC (ROOT CANAL) INFORMED CONSENT

1. The purpose of root canal therapy is to retain teeth that would otherwise have to be extracted.
2. Treatment may require multiple visits. It is important that you maintain scheduled appointments or the infection can reoccur.
3. In most cases, there is only mild discomfort following each treatment. This is controlled usually with Aspirin, Tylenol, Ibuprofen, or prescribed medication.
4. Endodontic treatment has a high degree of success. As any medical or dental treatment, however, this treatment has no guarantee of success for any length of time. Teeth with previous root canal treatment will have a lower success rate.
5. Accurate and complete disclosure of medical information is necessary for proper diagnosis, and to help prevent unnecessary complications during your treatment.
6. The most common complications with root canal therapy include, but are not limited to:
  - Continued infection requiring endodontic surgery or extraction of the tooth.
  - Calcified canals or canals blocked by broken instruments, requiring endodontic surgery or extraction of the tooth.
  - Pain, requiring use of medication.
  - Side effects and reactions to medication.
  - Fractures of the root or crown of the tooth during or after treatment. It is recommended that all posterior teeth be crowned following treatment. If your tooth already has a crown, there is a chance it will need to be replaced due to decay or loss of structural support. Porcelain is subject to breakage.
  - Tenderness of the tooth following treatment due to possible complications with root canal treatment, gum disease, physical stress from chewing, or the degree of healing your body exhibits.
  - The root canal(s) of the tooth are permanently sealed with gutta percha and cement. Occasionally, these filling materials overflow through the end of the tooth. In the majority of the cases, this overflow is gradually reabsorbed or stays inactive. If this occurs, the healing process of the tooth will be observed.
7. Other treatment choices include: no treatment, waiting for more definitive isolation of symptoms, and tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

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I have read and understand the above, and hereby consent to treatment. I also understand that only the root canal treatment is to be performed at this office. The permanent (outside) restoration (filling, onlay, crown, etc.) will be done by my general dentist.

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Signature of Patient, Parent or Guardian

Date