

ROOT CANAL CONSENT FORM

Dr. Nielson has explained the benefits and risks of endodontic treatment to me. Referral to a specialist (endodontist) has been offered. I understand that endodontic treatment involves the removal of tissues in the center of the tooth (root canal spaces) and the sealing of the space that is created during the process of removal and cleansing of the root canal system. I further understand that the root canal treatment may fail if proper restoration of the tooth is not completed after the root canal treatment is done, and that such restoration is a separate and distinct procedure with an additional fee.

ALTERNATIVES

Extraction or no treatment.

CONSEQUENCES OF NOT PERFORMING TREATMENT

Infection, swelling, pain, loss of tooth/teeth and/or systemic disease.

POSSIBLE TREATMENT RISKS/COMPLICATIONS:

- Failure of the root canal to resolve symptoms (well over 90% are successful)**
- Instrument breakage inside the tooth**
- Perforation of the root**
- Recurrent decay**
- Color of the tooth may darken**
- Post treatment infection**
- Root fracture/crown fracture**
- Re-infection due to not having a permanent restoration placed promptly**
- Post treatment swelling or pain (more likely if tooth was already very painful)**

ALL OF MY QUESTIONS HAVE BEEN ADDRESSED. I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Patient's Signature & Date _____

Witness & Date _____