

ENDODONTIC (ROOT CANAL) INFORMED CONSENT

Dr. Mark Todd, D.M.D.

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 usually controlled with aspirin, 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 complication with root canal therapy include but are not limited to:
 - A. Continued infection requiring endodontic (root canal) surgery or extraction of the tooth.
 - B. Calcified canals or canals blocked by broken instruments requiring endodontic (root canal) surgery or extractions of the tooth.
 - C. Pain, requiring use of medication.
 - D. Side effects and reactions to medication
 - E. Fractures (breaking) of the root or crown of the tooth during or after treatment. It is recommended that all posterior be crowned following root canal 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 crowns are subject to breakage.
- Your root canal will be completed in our office with a temporary filling. **IT IS NECESSARY FOR YOU TO RETURN TO YOUR DENTIST FOR PROPER RESTORATION OF THE TOOTH.**
- F. 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.
 7. Other treatment choices include no treatment, waiting for more definite development of symptoms, and tooth extraction. Risks involved in these choices might include pain, infection, swelling. Loss of teeth and infection to other areas.
 8. If you have any questions, please ask

I have read and understand the above, and hereby consent to treatment.

SIGNATURE OF PATIENT, PARENT OF GUARDIAN

DATE