



## Consent for Endodontic Treatment

I understand that root canal therapy is a procedure to retain a tooth which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure, so success cannot be guaranteed.

I, the undersigned, have been informed that I require an endodontic procedure (root canal treatment) and that I fully understand the following:

- Failure to follow this recommendation will most likely result in:
  - a. The loss of the tooth
  - b. Bone destruction due to infection/ abscess
  - c. Possible systemic (affecting the whole body) infection.
- A percentage of root canals fail. Failure may require retreatment of the procedure,

periapical surgery or even extraction.

- During instrumentation of the tooth, an instrument may separate and lodge

permanently in the tooth or an instrument may perforate the root wall. Although this rarely occurs, such an occurrence could cause the failure of the root canal and the loss of the tooth.

- When making an access (opening) through an existing crown or placing a rubber dam clamp, damage could occur and a new crown would be necessary after endodontic therapy.

- Successful completion of the root canal procedure does not prevent future decay or fracture.

- Temporary fillings are usually placed in the tooth immediately after the root canal treatment. Teeth which have had root canal treatment will require a permanent tooth restoration. This typically involves placement of a supportive post and a full-coverage crown.

There are risks involved in the administration of anesthetics, analgesics (pain medication) and antibiotics. I will inform the doctor of any previous side-effects or allergies.

*Note: Antibiotics may decrease the effectiveness of birth control medication. Additional methods of birth control should be used while on antibiotics.*

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Date

Signature of Patient or Patient's Guardian

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Date

Signature of Witness