

## **INFORMED CONSENT FOR EVALUATION AND ROOT CANAL TREATMENT**

We are concerned not only about your dental health and endodontic (root canal) treatment needs, but also about your right as a patient to make the treatment decision that you feel is best for you. Our commitment to you is to provide you with detailed and complete information about your dental needs as we diagnose them. We will share our diagnostic processes with you, and we invite and welcome all of your questions regarding our work with you.

Toward this aim of a full, mutual sharing of information, we feel it is important to advise you of the potential risks of endodontic therapy. The following information is important in making your decision about treatment:

**PURPOSE OF TREATMENT:** Root canal therapy is a procedure designed to retain a tooth that might otherwise require extraction. The treatment removes infected pulp tissue, cleans and seals the tooth to relieve pain, eliminate infection, and preserve the natural tooth.

**SUCCESS AND LIMITATIONS:** Root canal therapy has a very high degree of success. However, it is a biological procedure and results cannot be guaranteed. Retreatment, surgery, or extraction may be necessary. Approximately 5% of endodontically treated teeth may eventually require extraction.

**POTENTIAL RISKS:** Occasionally, despite our best efforts, risks may include pain, swelling, infection, instrument breakage, perforation, tooth fracture, nerve damage, and treatment failure.

**ANESTHESIA AND MEDICATION:** Local anesthesia will be used. Risks include temporary numbness, prolonged numbness or paresthesia (rarely permanent), bruising, swelling, soreness, allergic reactions, and medication side effects.

**RESTORATION:** A permanent crown or restoration is essential and should be completed within 30 days by your restorative dentist. If there is an existing ceramic crown on the tooth, we make special efforts to preserve the crown. Rarely, the ceramic may fracture during treatment and require a new crown.

**ALTERNATIVE:** Alternative options include extracting the tooth with or without replacement, or not proceeding with any treatment, which may lead to increased pain, spread of infection, or bone loss.

*Our office policy is to collect the fees that the patient is responsible for in full on the day of service. After the insurance claim has been processed, any remaining balance is the patient's responsibility.*

\_\_\_\_\_  
*Signature of Patient (or Parent/Guardian)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

## **PRIVACY PRACTICES ACKNOWLEDGMENT**

I have received the Notice of Privacy Practices and have been provided an opportunity to review it.

\_\_\_\_\_  
*Signature of Patient (or Parent/Guardian)*

\_\_\_\_\_  
*Date*