

INFORMATION ABOUT ENDONTIC TREATMENT AND CONSENT FOR TREATMENT

WHAT ARE MY ALTERNATIVES?

Endodontic treatment has been recommended as a procedure to be done on your tooth in an attempt to retain a tooth that may otherwise require extraction. Your alternatives to the proposed treatment are to have no treatment done or to have the tooth extracted. If no treatment is done, there is the risk of infection, pain and loss of the tooth. If the tooth is extracted, then some form of an artificial replacement tooth may be constructed.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Complications are rare. While no complications may be expected as a result of the proposed endodontic treatment, it is possible that complications may still occur with your care. Most of the complications that can occur are a normal consequence of treating teeth that have problems similar to yours. These complications may require additional treatment.

Some of the possible complications include but are not necessarily limited to the following possibilities: mild to severe pain, infection, swelling, fever, difficulty opening or closing the jaw, fractures, access complications, calcified canals or separated instruments. There is also a possible risk of loss of sensation (numbness) which could be either temporary or permanent.

Endodontic treatment is a highly successful procedure for retaining teeth that would otherwise be extracted. Unfortunately, not all teeth will respond favorably to the treatment. Consequently, it is possible that your tooth may in the future require additional treatment such as another endodontic treatment, surgery, or even extraction.

Medications may be given for pain or infection. If given pain medication, you should not drive an automobile nor operate equipment that may be hazardous to yourself or others. If you are a female who is taking birth control pills, it is possible that you could become pregnant while taking an antibiotic. Consequently, an alternative form of contraception may be appropriate while taking the antibiotic.

To protect your tooth from decaying or fracturing, you must return to your dentist for a permanent filling or crown.

CONSENT FOR TREATMENT

I have read the above and I understand that no treatment is without some measure of risk and the risks of the proposed treatment have been explained to me. I prefer to undergo the ENDODONTIC (root canal) procedure in order to attempt to retain my tooth. Consequently, I hereby authorize the Doctors and their assistants to perform the necessary endodontic procedures which have been described to me. I further request and authorize them to do whatever they deem advisable and necessary as a result of unforeseen circumstances.

Signed (Patient/Legal Guardian):

Date: _____

Witness: _____

Date: _____