

Patient Consent for Endodontic Procedures

This form briefly explains endodontic (root canal) treatment including some of the risks and benefits. Please read the following line and feel free to discuss any aspect of your treatment, the sign at the bottom where indicated.

1. I understand that root canal treatment is a procedure that will allow me to keep a tooth that might otherwise have to be removed. It usually involves making an opening in the tooth to remove damaged soft tissue that runs through the root. The space that this tissue occupied is then cleansed and a filling material is placed in this space.
2. I understand that root canal treatment is usually successful. As with any branch of medicine or dentistry, no guarantee of success can be given. On occasion, a tooth that has received root canal therapy may require additional treatment or extraction. Additional fees would likely be incurred with additional procedures.
3. I understand the tooth always needs a new restoration (post and/or crown or filling). The fee for the root canal does not include the fee for the final restoration.
4. I understand the number of visits and x-rays may vary with the difficulty of the case.
5. I understand local anesthetic and a rubber dam are required for optimal results. In situations when the tissue in and around the root canal are extremely inflamed, obtaining profound anesthesia can be difficult.
6. I understand the alternative to performing root canal treatment can be increasing pain, infection, bond and tissue destruction, and extraction. The removal of a tooth may require other types of dental procedures and expense.
7. I understand that retreating a previous root canal or treating a root canal started in other dental offices may have different outcomes than expected due to the difficulty involved.
8. I understand there are possible complication in root canal treatment, including but not limited to:
 - a. -Curved canals, curved root
 - b. -Calcification in root canal space
 - c. -Crown or root fracture
 - d. -Swelling or discoloration of the soft or hard tissue
 - e. -Pain during or following treatment
 - f. -Procedural difficulties such as instrument separation, root perforation, or overextension of the filling material.
9. I understand that periodic re-evaluation of the tooth is recommended following the completion of the root canal treatment.
10. I understand that I am free to withdraw my consent and discontinue treatment at any time. I also understand that if the root canal treatment is not completed, retention of the tooth might be compromise. Pain, swelling, infection, and extraction may occur.
11. I understand that emergency service is available by calling my endodontic treatment provider at (540) 412-6793

Patient Signature _____ Print Name _____ Date _____