

Root Canal Consent

I understand the nature and purpose as well as procedure of root canal treatment and possible alternative methods of treatment have been explained to me and I fully understand them.

Option for referral to endodontist for examination and treatment is offered who specialized in performing this type (root canals and related surgery) of procedures with usually higher success. I understand Dr. Patel is general dentist not an endodontist. I consent to the administration of local anesthesia and/or any medication deemed necessary before, during and after the treatment. I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues pain itching, vomiting, and/or anaphylactic shock (severe allergic reaction) even cardiac arrest.

- I further understand that many factors contribute to the success of root canal treatment and cannot be determined in advanced. Therefore in some cases treatment may have to be discontinued before it is completed, or may fail following treatment. Some of these factors are: My resistance to infection, the location and shape of the canals, etc.
- I am also aware that during and/or after treatment I may have periods of discomfort.
- I realized there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment. And that occasionally metal objects (files or root canal cleaning device) are separated in the tooth or extend through the root which may affect the success of the treatment, sometime root canal filling material (called gutta percha or obturating cone) cement or irrigation solution may pass through root and irritate surroundings area or nerve and cause discomfort and/or numbness. I understand that occasionally additional surgical procedures cost area additional which is patient's responsibility.
- I am also told that if root canal treatment required multiple visits it is very important that I keep my appointments even though my pain subsides because infection may come back or become resistant or become chronic which ultimately lead to failure of root canal and extraction. So I fully understand that I keep my appointment as well as take my prescribed medicine regularly since it has huge impact on treatment success. Only time stop taking medicine if get allergic or any adverse reaction and the contact your physician or me immediately.
- I also understand that root canal tooth need to be restored with a post and crown to prevent damage or loss due to fracture and infection, fees for post and crown are additional dose not included in root canal fees in some cases crown lengthening may also be required to complete the crown.
- I acknowledge that no guarantees or assurances have been given by anyone regarding the dental treatment that I have requested and authorized. I have the opportunity to read this form and ask questions.

- I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN VERBALLY, AND ALL THE QUESTIONS ABOUT THE PROCEDURE HAVE BEEN ANSWERED TO MY SATISFICATION. BY MY SIGNATURE BELOW I CONSENT TO THE TREATMENT DESCRIBED IN THIS PAPER.
