Consent for Root Canal Treatment

Reasons for Treatment: Endodontic (Root Canal) therapy is a procedure to retain a tooth which would otherwise require extraction. Treatment is generally done by standard, non-surgical root canal therapy.

Other Treatment Choices: These include no treatment at all, waiting for more definitive symptoms to develop, and tooth extraction. The risks involved in these choices may include, but are not limited to pain, infection, swelling, loss of teeth, and spread of infection to other areas of the body, which in rare circumstances, may become life-threatening.

Risks Specific to Endodontic Therapy: Those risks include the possibility of instruments broken within the root canals, perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth. During treatment, complications may be discovered which make treatment impossible resulting in the need for endodontic surgery of loss (extraction) of a tooth/teeth. Such complications may include blocked canals, natural calcification(s), broken instruments, curved roots, periodontal disease (gum disease), and splits or fracture of the teeth.

Other Risks of Treatment: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, analgesics (pain killers), anaesthetics, and injections. These complications include: swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which may be transient, but on rare occasions may be permanent, reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, temporomandibular joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, delayed healing, sinus perforations and treatment failure.

Consent: I, the undersigned, being the patient (parent or legal guardian of a minor patient) consent to the performing of procedures deemed advisable in the opinion of the dentist. I also understand that upon completion of root canal therapy I will need a permanent restoration of the tooth which may be a crown (cap), onlay, or filling.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally, a tooth which has had root canal therapy may require retreatment, surgery, or even extraction.
I attest that I have read the above information and fully understand that which the dentist has reviewed with me. Any and all of my questions have been answered and I consent to have this procedure.

I hereby consent to undergo Root Treatment on _____ at an estimated cost of _____

Name of Patient _____

Signature _____ Date _____
(Patient/Parent/Guardian)