



Informed Consent for Endodontic Treatment

The goal of Root Canal Treatment is to save a tooth that might otherwise require extraction. It involves removing inflamed or infected tissue from the inside of the tooth while leaving the tooth and roots intact. Although root canal treatment has a very high success rate, as with all medical and dental procedures, it is a procedure whose results cannot be guaranteed, Further, root canal treatment is preformed to correct an apparent problem and occasionally an unapparent, undiagnosed or a hidden problem arises.

This procedure will not prevent future tooth decay, tooth fracture or gum disease, and occasionally a tooth that had had a root canal treatment may require re-treatment, endodontic surgery, or extraction.

Risks: *Are unlikely, but may occur. They might include but are not limited to:*

- a) Instrument separation in the canal.
- b) Perforations (extra opening) of the canal with instruments.
- c) Blocked root canal(s) that cannot be ideally completed.
- d) Incomplete healing.
- e) Post-operative infection or swelling requiring additional treatment or the use of antibiotics.
- f) Tooth and/or root fracture that may require extraction.
- g) Fracture, chipping, or loosening of existing tooth or crown.
- h) Post-treatment discomfort.
- i) Temporary or permanent numbness.
- j) Change in the bite of jaw joint difficulty (TMJ problems or TMD).
- k) Medical problems may occur if the root canal is not completed.
- l) Reactions to anesthetics, disinfectants, or medications.

Other Treatment Choices:

The following other treatment options might be possible:

- a) No Treatment at all.
- b) Waiting for more definitive development of symptoms,
- c) Extraction: The resulting space can then be placed with nothing, an implant, a bridge or a denture.

After the completion of the root canal procedure, you will be referred back to your restorative dentist for the permanent restoration (crown, cap, or filling). The specific type of permanent restoration depends on a number of factors and will be determined by your restorative dentist. Failure to the tooth properly restored in a timely manner (generally within 30 days) significantly increases the possibility of failure of the root canal procedure or tooth fracture.

I have had an opportunity to ask questions of my treating doctor and I am satisfied with the answers that I have received. I consent to the procedure.

Procedure: **RCT / RETX** Tooth/Teeth # _____

Patient Name: _____

Patient Signature or Legal Guardian: _____

Date: _____

Endodontist Name: _____

Endodontist Signature: _____

Date: _____