



All patients are required to sign this prior the initiation of the indicated treatment; however, **it does NOT commit you to treatment.** Endodontic therapy involves removal of the softer center portion of the tooth called the pulp with small metal instruments through an access created in the top portion of the tooth (crown). The resulting space inside the center portion of your tooth is filled with a rubber like material and cement to seal the canals of the root. The root(s) of the tooth remain to anchor the tooth in your jaw. Endodontic therapy requires from 1 to 3 appointments depending on the degree of infection/inflammation and the degree of treatment difficulty. It is important that you maintain scheduled appointments otherwise complications may arise. The purpose of this treatment is to treat and possibly maintain diseased tooth and/or tissue in my mouth that would have been otherwise extracted or lost.

I understand there are **alternatives to endodontic (root canal) therapy.** They include but are not limited to:

- **No treatment at all.** My present oral conditions may worsen with time, and the risks to my health may include but are not limited to: pain, swelling, infection, cyst formation, loss of supporting bone and premature loss or tooth/teeth.
- **Extraction with nothing to fill the space.** This may result in: shifting of the teeth, change in bite or periodontal disease.
- **Extraction followed by a bridge, partial denture or implant to fill the space.**
- **Endodontic surgery.** In the case of retreatment (for a previously unsuccessful endodontic therapy), endodontic surgery may also be an option.

I understand that there are certain **potential risks and complications** in any treatment. They include but are not limited to:

- **Postoperative discomfort** or sensitivity lasting a few hours to several days, which may last longer and radiate to other areas, with intensity from slight extreme. Most commonly the tooth is temporarily sensitive to biting following each appointment alone with mild to moderate localized discomfort in the areas. Sometimes healing is delayed.
- **Postoperative swelling,** infection in the vicinity of the treated tooth, facial swelling, and/or discoloration of tissues which may persist for several days or longer. A small incision may be required to drain swelling.
- **Restrictive mouth opening,** jaw muscle spasm, jaw muscle cramps, temporomandibular joint difficulty, or change in bite, which occurs infrequently and usually lasts for several days but may last longer.
- **Failure rate of 5-10% under optimal conditions.** If failure occurs, additional treatment will be required such as: retreatment, endodontic surgery or extraction of the affected tooth. Retreatment, (of previously unsuccessful endodontic therapy) failure rates are higher, but vary because of reason of failure.
- **Additional therapy.** For some teeth, conventional endodontic (root canal) therapy alone may not be sufficient and additional treatment may be required. For example:
 - If the canal(s) are severely bent, calcified/blocked or split such that they cannot be treated.
 - If an endodontic instrument separates (breaks) in the tooth during treatment.
 - Periodontal (gum) disease or problems in which periodontal treatment may be needed.
 - Pre-existing fractures/cracks, or perforation of the tooth.In some cases, follow-up visits may be recommended while in others an endodontic surgical procedure, extraction or other treatment may be required to resolve the problem. The doctor will explain the options available.
- **Restoration (crown) damage.** If your tooth has a crown, damage such as porcelain fracture may occur while preparing an access opening. If damage occurs or another problem is found such as a cavity, it may require replacement of the restoration. Rarely a restoration may be loosened.
- **Altered sensation** of the lip, chin, cheek and/or gums can result from the use of instruments, materials, medications, anesthetics and injections. This is very rare and usually temporary, but may be permanent.

I understand that after endodontic therapy, my tooth may require an additional restoration (filling, onlay, crown or bridge). I realize that should I neglect to return to my restorative (family) dentist for the proper restoration within one month that there is an increase risk of 1) failure of the endodontic therapy, 2) fracture of tooth and/or, 3) premature loss of tooth.

I understand that I am to **return to this office periodically for a re-evaluation visit, usually every 6-12 months for at least 2 years.** The purpose of this visit is to monitor the endodontic treatment for healing and recommended further treatment as may be needed. Teeth treated with endodontic therapy can still decay. As with other teeth the proper care of these teeth consists of good home care, sensible diet, and periodic check-ups.

No guarantee of success or a perfect result has been given to me. I understand the proposed treatment may not be curative and/or successful to my complete satisfaction. The doctor has explained to me the diagnosis, method and manner of the proposed procedure(s), the nature and purpose, prognosis, risks of treatment and feasible alternatives. I consent to endodontic (root canal) therapy and the administration of local anesthetic. I may request oral sedation, and/or nitrous oxide analgesia. I understand this consent form and it does not encompass the entire discussion regarding the proposed treatment I had with the doctor. I have had the opportunity to question the doctor concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment.

Patient or legal guardian

Date _____