Endodontic (Root Canal) Informed Consent

has recommended Root Canal Therapy for Dentist's Name	or as part of Patient's Name
the treatment to maintain tooth placement and function for his/her cont	inued oral health. (TOOTH)
The purpose of root canal therapy is to retain teeth that would otherwise	se have to be extracted (removed).
Treatment may require multiple visits and it is important that you n reoccur.	naintain scheduled appointments or the infection can
Endodontic treatment has a high degree of success. As any medical guarantee of success for any length of time. Teeth with previous root c	
Accurate and complete disclosure of medical information is necess unnecessary complications during your treatment.	ary for proper diagnosis that will help prevent any
The most common complications with root canal therapy include, but a	are not limited to:
 Continued infection requiring endodontic (root canal) surgery or Calcified canals or canals blocked by separated instruments require the tooth. Pain, requiring use of medication. Side effects and reactions to medication. Fractures (breaking) of the root or crown of the tooth during of teeth be adequately restored following root canal treatment. If your tooth already has a crown there is a chance it will not support. Porcelain crowns are subject to breakage when access. Tenderness of the tooth following treatment due to possible comphysical stress from chewing, or the degree of healing your beautiful to the control of th	r after treatment. It is recommended that all posterior in many cases this will involve placement of a crown. leed to be replaced due to decay or loss of structural s to the root canal system is made.
Other treatment choices include waiting for a more definite development and a bridge, implant or removable partial. Another option is not pain, infection, swelling, loss of teeth and infection to other areas.	
After the completion of the root canal procedure, you will be made an aronlay). Failure to have the tooth properly restored in a timely manner sign of the root canal procedure and/or tooth fracture.	
I have had an opportunity to ask questions of my treating doctor and ar	n fully satisfied with the answers that I have received.
We invite your questions concerning the risks discussed and coacknowledge that you have read this document, understand the infoanswered satisfactorily and consent to proceed with treatment.	
SPECIFIC ISSUES / QUESTIONS ASKED BY THE PATIENT:	
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Patient Signature:	Date: