



I voluntarily consent to endodontic (root canal) treatment that has been recommended. I understand that the goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, it is a dental-biological procedure, whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally undiagnosed or hidden problems arise. I understand that this procedure will not prevent future tooth decay or a possible fracture, and that occasionally a tooth that had root canal treatment may require re-treatment, surgery or tooth extraction.

The treatment has been fully explained to me including the risks involved. I have been informed that complications might include, but are not limited to:

- Perforation of the canal with instruments, which could result in the need for root canal surgery or the loss of the tooth.
- Instrument breakage in the canal, which may require re-treatment, root canal surgery or extraction.
- Incomplete healing, which may require re-treatment and/or root canal surgery or extraction.
- Post-operative infection, which may require additional treatment and/or the use of antibiotics.
- Tooth fracture that may require additional treatment or tooth extraction.
- Referral to a specialist if any unexpected difficulties occur during treatment.
- Post-treatment discomfort, altered feeling of the soft-tissues of the mouth.

I am aware that the condition of the tooth will worsen and that other systemic (medical) problems could possibly develop if the recommended procedure is not done. It has been explained that other treatment options might be possible, such as, tooth extraction, and followed by fixed or removable bridge-work, or placement of dental implants.

After the completion of the root canal procedure failure to have the tooth properly restored significantly increases the possibility of re-infection, failure of the root canal procedure and/or tooth fracture.

I realize that I will have an opportunity to ask questions of my doctor prior to treatment.

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist: \_\_\_\_\_ Tooth #: \_\_\_\_\_