



Informed Consent for Endodontic Treatment

Patient's Name: _____ Date: _____

Tooth: _____ Diagnosis: _____

Endodontic therapy is accomplished by using a local anesthetic to numb the tooth. Access to the pulp chamber is gained by using a drill to open a hole through the top of your tooth. Small handheld and rotary instruments are used to remove the tissues inside the tooth and gain access to the canals in the roots. Delicate files are then used to smooth and shape the canals. The canals will be disinfected with medication and the canals completely filled with inert material prior to placement of the final restoration. This therapy is considered to be very safe and effective. Nevertheless, we want you to be aware of the risks and consequences of having endodontic therapy performed.

____ 1. Your treatment may take multiple visits. During that time you may experience some discomfort in and around the tooth being completed. Our goal is to eliminate your discomfort, but there is a chance root canal therapy will not resolve your pain. In such cases, additional treatment may be necessary resulting in additional charge to you. Examples of other treatment needed include retreatment, endodontic surgery, or even extraction.

____ 2. Your tooth will be sore for several days (4-7) after your treatment.

____ 3. I understand that I will receive a local anesthetic. In rare instances patients can have a reaction to the anesthetic. Temporary or permanent nerve injury, numbness and/or tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, can result from an injection.

____ 4. I understand that holding my mouth open during treatment may temporarily leave my jaw feeling stiff and sore and may make it difficult for me to open wide for several days.

____ 5. Occasionally a root canal instrument may break off in a tooth. Depending on its location, the fragment may be retrieved or it may be necessary to keep it in your tooth (these instruments are made of sterile, non-toxic surgical materials). It may also be necessary to perform an additional procedure(s).

____ 6. After a tooth has received root canal treatment, the most important thing is to have a permanent restoration (filling or crown) placed by your dentist. Failure to do this in a timely matter will result in failure of the root canal.

____ 7. Anytime we make an access through a crown or bridge, it is possible to need a new crown or bridge after the root canal is completed.

___ 9. Perforation of the tooth may occur and require additional surgical corrective treatment or result in tooth extraction. Perforations generally occur because the root canals cannot be located and thus root canal therapy cannot be performed and the tooth must be extracted.

___ 10. Internal or external resorption - the tooth dissolves. If the tooth begins showing resorption the tooth must have another procedure or even be extracted.

We invite your questions concerning your treatment, or related procedures, and their risks. By signing below you acknowledge that you have read this document, understand the information present, and have had all your questions answered satisfactorily.

Signatures: _____
Patient, parent or guardian

Staff

Date

Our office has estimated your portion to be \$_____.

We do this as a courtesy to our patients to help maximize your benefits. Please understand this is an estimate and we will file you insurance for you. Remember you are fully responsible for all fees charged by this office regardless of the agreement between you and your dental insurance. For your convenience we accept cash, personal check, Visa, MasterCard, and Care Credit. We would be glad to provide you with the billing codes for any service provided or to be provided. Thank You!

Cancellation Policy

Should you need to cancel or reschedule your appointment, please contact our office 24 hours in advance of your scheduled appointment. **All cancellations with less than 24 hours notice will result in a \$50 charge.** This courtesy enables us to compensate our employees for their time and maintains a higher availability of our time for all of our patients. By scheduling an appointment, you are agreeing to this cancellation policy.