



Informed Consent for Endodontic Treatment

The Medical Consent Law requires doctors to advise patients of the general nature of treatment procedures, the acceptable treatment, alternatives, and the risks inherent in the proposed procedures.

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 (over 90%), it is a dental-biological procedure, whose results cannot be guaranteed. Further, root canal treatment, RCT, 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 an additional procedure, 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:

- 1) Perforation of the canal with instruments, which could result in the need for repair, re treatment, root canal surgery or the loss of the tooth.
- 2) Instrument breakage in the canal, which may require re treatment and/or root canal surgery or extraction.
- 3) Incomplete healing, which may require re treatment, root canal surgery or extraction.
- 4) Post-operative infection, which may require additional treatment and/or the use of antibiotics.
- 5) Tooth fracture, which may require additional treatment or tooth extraction.
- 6) Post-treatment discomfort, and/or the possibility of altered sensation of the soft-tissues of the mouth.

Initials _____ (over)

7) Significant overfills or underfills of the filling materials that may require re-treatment or surgical endodontic therapy by an “Endodontic Specialist” to salvage the tooth.

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 followed by bridge, partial denture, dental implants or by simply doing nothing to fill the empty space.

After the completion of the root canal procedure you will require a fixed restoration (crown, bridge or onlay). Failure to have the tooth properly restored in a timely manner (within 2 months after root canal) will significantly increase the possibility of re-infection, failure of the root canal procedure and/or tooth fracture.

I have had the opportunity to ask questions of my doctor and I am fully satisfied with the answers that I have received. I authorize Dr. Johnson to proceed with my root canal on tooth number _____, also known as my _____

Patient, Parent or Guardian Date

Dr. Michelle Johnson

Please Print Name

Witness (Professional Staff Member)

NOTE: If you have been prescribed antibiotics and you are currently using birth control pills (oral contraceptives) to prevent unwanted pregnancy, you should be aware that these antibiotics may render your birth control pills ineffective.

We want to make your treatment as comfortable as possible.
If you have any other questions please feel free to ask.
On behalf of Dr. Johnson and the staff at
Allen Creek Dental

“We are here to help”