



Consent for Root Canal Therapy

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Informed Consent Information

THE PROCEDURE

Root canal therapy is a procedure where your dentist will access the pulp or nerve chamber of the tooth, which may require my doctor to drill through existing crowns, bridges, fillings, or tooth structure. I understand that once access is gained to the nerve chamber of the tooth, my doctor will then use surgical instruments to remove the pulp tissue, nerve, blood supply and bacteria within the root system. Water or sodium hypochlorite is used periodically to flush away the debris. Several x-rays will be taken throughout this procedure to confirm that all canals have been accessed. After that, the accessed canals will be filled with a substance called gutta percha, which will remain within the tooth and root structure of the tooth. Once the root canal has been completed, I understand that I will require a permanent restoration consisting of a simple filling, crown and/or bridge. I understand that this is an elective treatment and that there are alternative treatments. I also understand that although the root canal procedure has a very high success rate, it cannot be guaranteed to achieve a perfect result.

RISKS

While complications are rare, I understand that the following are risks to this procedure:

- Inability to completely fill the root canal(s) due to excessively distorted canals or calcification.
- Potential of being referred to an Endodontist (root canal specialist) if initial treatment is unsuccessful.
- Infection may occur or continue. This could require further treatment or endodontic surgery.
- Fracture or breakage of the tooth during or after treatment.
- Breakage of instruments in the tooth that are unable to be removed.
- Perforation of the tooth during treatment.
- Root canal filling material that extrudes beyond the end of the root.
- Damage to existing restorations.
- Allergic reactions to the materials used for the root canal procedure.
- Extensive decay may render the tooth non-restorable
- Post-operative pain, swelling, infection or discomfort.

ALTERNATIVES

I have been informed of the alternate procedures that could be done in lieu of a Root Canal:

- Extraction
- No Treatment

- Implant

CONSENT

I have provided Doctor with an accurate and complete medical history, including antibiotics, drug use, or other medications I am currently taking, as well as those to which I am allergic. I will follow any and all treatment and post-treatment instructions as explained and directed to me. I realize that despite the possible complications and risks, my recommended root canal is necessary. I acknowledge that there can be no guarantees concerning the results of the procedure and none have been given to me. I understand that if any unexpected difficulties occur during or after treatment that I may be referred to another doctor for further care.
If you have any questions or need a simple adjustment, please call us at (503) 648-3912.

I confirm and agree: **Yes** _____ **No** _____

Signature: _____

Date: _____