



## CONSENT AND INFORMATION

It is the belief of this office that you should be informed about your treatment (therapy) and that you should give your consent before starting that treatment. The purpose of this form is to inform you of the possible risks involved with endodontic (root canal) treatment, and other treatment choices.

Root canal treatment is done in order to retain a tooth (or teeth) which otherwise might need to be removed. Related endodontic microsurgery is done when needed.

Risks of treatment are of two kinds: Those risks involved in general dental procedures and those risks specific to endodontic treatment.

■ RISKS OF DENTAL PROCEDURES IN GENERAL include (but are not limited to):

Complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections.

These complications include:

Pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, reaction to injections, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restorations in teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruises, delayed healing, sinus complications, and further surgery.

Medication and drugs, if prescribed, may cause drowsiness and lack of awareness and coordination (which can be influenced by the use of alcohol or other drugs); thus it is advisable not to operate any vehicle or hazardous device, or work for twenty-four hours or until recovered from their effects.

■ RISKS MORE SPECIFIC TO ENDODONTIC THERAPY include (but are not limited to):

Instruments broken within the root canals, perforations (extra openings) of the crown or root of the tooth, damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth.

During treatment, complications may be discovered which make treatment impossible, or which may require endodontic microsurgery. These complications may include:

Blocked canals due to fillings, prior treatment, natural calcification, broken instruments, curved roots, periodontal disease, splits or fractures of the teeth.

■ THE OTHER OPTIONS include (but are not limited to):

No treatment, waiting for more definite development of symptoms, and having the tooth removed. Risks involved in these choices might include: Pain, swelling, infection, loss of tooth, and infection to other areas.

Treatment will be done in a manner to minimize or avoid risks as success cannot be guaranteed.

"PATIENT INFORMATION", a copy of the office policy, and financial arrangements have been received and understood. I understand, that upon my request, I may receive a copy of this consent form.

DATE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ PATIENT SIGNATURE: \_\_\_\_\_

(FOR OFFICE USE ONLY)