

INFORMED CONSENT FOR ENDODONTIC PROCEDURES

This form briefly explains endodontic (ie. root canal) treatment or retreatment, including some of the risks and benefits. Please read the following and feel free to discuss any aspect of your treatment with the endodontist or dental assistant before treatment. We ask that you sign the form to indicate that you understand the consent.

1. I hereby give my consent for **EDWARD A. NELSON, D.D.S., P.A.** to evaluate and/or perform root canal treatment or retreatment on the tooth or teeth listed:_____.
2. I understand that root canal treatment or retreatment is a procedure to retain a tooth, which may otherwise require extraction. It involves making an opening in the tooth or existing restoration to remove damaged soft tissue or previous root canal filling material. The space that this tissue or filling occupied is then cleansed, disinfected, and a filling material is placed in this space.
3. I understand that root canal treatment and retreatment cases can have a high degree of clinical success (80-95% in routine cases). However, as with any branch of medicine or dentistry, no guarantee of success can be given or implied. Occasionally, a tooth which has had root canal treatment may require retreatment, endodontic surgery, or extraction. Cases started in other offices may have a different outcome than expected depending on the treatment done.
4. I understand that proper restoration (ie. filling and/or crown) of the tooth after root canal therapy is a necessity. The fee for the root canal treatment or retreatment does not include restorative procedures. It is the patient's responsibility to have the appropriate restoration placed after root canal procedures.
5. I understand that periodic recall examination of the tooth to include x-rays is recommended. Compliance is the patient's responsibility.
6. Treatment will be performed in accordance with accepted methods of clinical practice. This will require administration of local anesthetic agents necessary to accomplish the root canal procedure. The number of x-rays required will vary with the complexity of the case. Possible complications of treatment include, but are not limited to: curved canals or calcifications in the root canal space, which prevent ideal instrumentation and filling; an existing crack or fracture in the tooth and/or root; procedural difficulties, such as the accidental cracking or fracturing of the tooth, root, or existing restoration, separation of an instrument, a root perforation, or overextension of the root canal filling material; pain during or following treatment; swelling or discoloration of the soft or hard adjacent tissues; additional unknown or unspecified problems, the explanation for and the responsibility of which cannot be given or assumed. If applicable, antibiotics may reduce the effectiveness of birth control pills, and an additional or alternative form of contraception is recommended.
7. The number of treatment visits required for completion varies with the complexity of each case.
8. I understand that I am free to withdraw my consent and discontinue treatment at any time. However, complications, such as infection, pain, swelling, etc. may occur if the treatment is not completed.

Signature of Patient or Legal Guardian:_____ **Date:**_____

Signature of Endodontist:_____ **Date:**_____