

EASTERN SHORE ENDODONTICS

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ENDODONTIC (ROOT CANAL) INFORMED CONSENT

1. The purpose of root canal therapy is to retain teeth that otherwise would have to be extracted (pulled).
2. Treatment will require a series of x-rays and may require multiple visits. It is important that you keep scheduled appointments, or infection may reoccur.
3. In most cases, there is only mild discomfort after treatment. This usually lasts 2-4 days and is usually controlled by ibuprofen, aspirin, Tylenol or a prescribed medication.
4. Endodontic therapy has a high rate of success (approximately 90-95%). However, as with any medical or dental treatment, there is no guarantee of success for any length of time.
5. Most common complications include but are not limited to:
 - a. Continued infection requiring Endodontic surgery or tooth extraction at an additional cost.
 - b. Calcified canals or canals blocked by separated instruments requiring Endodontic surgery or tooth extraction at an additional cost.
 - c. Pain requiring use of medications.
 - d. Fracture (breaking) of the root or crown of the tooth during or after treatment. It is recommended that teeth be crowned (capped) following root canal treatment. If your tooth already has a crown it may have to be replaced due to decay or loss of structural support. Porcelain crowns are subject to breakage and may also have to be replaced.
 - e. Side effects and possible reactions to medications.
 - f. Tenderness of the tooth following treatment, due to possible complications with root canal treatment, gum disease, physical stress from chewing or the degree of healing your body exhibits.
6. The permanent restoration of your tooth (filling, crown, bridge, onlay, etc.) will be performed by your General Dentist (our fee does not include these services.)
7. Other treatment choices include:
 - a. No treatment
 - b. Waiting for more definite development of symptoms
 - c. Tooth extraction (pulling)***Risks involved in these choices may include pain, infection, swelling, loss of teeth and possible spread of infection to other areas.
8. If you have any questions please ask!

"I have read and understand the above information, and understand the possible risks involved, and hereby consent to treatment."

Signature of patient or parent

Date

Staff

Date