



CONSENT FOR TREATMENT
FOR ROOT CANAL

Informed Consent for Root Canal Procedures

I understand that root canal therapy (often called “endodontic” therapy) is a procedure undertaken to retain a tooth that may otherwise require extraction. I understand that although this procedure has a high degree of success, it is a biological procedure and success cannot be guaranteed.

I acknowledge that I have had the root canal treatment procedure explained to my satisfaction. The explanation included at least the following:

1. Benefits of a successful completion procedure
2. Risks of undertaking the procedure which includes but is not limited to the following and which may necessitate extraction of the tooth:
 - ❖ Infection (during or after completion of the procedure)
 - ❖ Discomfort (during or after completion of the procedure) which may not be controllable
 - ❖ Tooth fracture (during or after completion of the procedure)
 - ❖ Tooth rot perforation by a treatment instrument
 - ❖ Nerve numbness (“paresthesia” during or after completion of procedure”
 - ❖ Broken instruments lodge within the tooth
3. Alternatives to proceeding with the root canal procedure
4. Consequences of not undertaking root canal treatment

I understand that upon successful completion of root canal therapy, this tooth will have to be restored as a separate procedure. Such restoration may require a filling, post/core, and or crown. A crown provides the necessary strength to withstand the biting forces during normal long-term function. This crown should be completed immediately to avoid possible tooth fracture. I understand that the fee for the restoration is not included in the fee for the root canal treatment.

Signature: _____ Date: _____

Doctors Signature: _____ Date: _____

Witness Signature: _____ Date: _____