

Informed Consent for Root Canal Therapy

I have been advised that I require Root Canal Treatment. The manner and method of the treatment has been explained to my satisfaction. I understand Root Canal Treatment is a procedure to retain a tooth which may otherwise require extraction.

Although Root Canal Therapy has a high degree of clinical success, it is still a biological procedure, so it *cannot be guaranteed*. Treatment risks have been explained and may include the following:

1. Post-treatment pain
2. Swelling
3. Infection
4. Restricted jaw opening

These symptoms may last several hours, days or longer. Separation of instruments may require surgery or possibly result in the loss of the tooth. Additionally, progressive periodontal disease in the surrounding bone or supporting area may result in the loss of the tooth.

Occasionally, a tooth which has had Root Canal Therapy may require re-treatment, root end surgery or even extraction. I also understand that the permanent restoration (build-up and crown), which is necessary to protect the tooth from fracture and subsequent possible tooth loss, will also need to be done. The fee for the Root Canal Therapy procedure does not include the restoration.

I acknowledge the receipt of and understand the information given to me concerning the treatment prescribed. I agree to cooperate completely with Dr. Kindt and will follow post-op instructions to the best of my ability for my own comfort and safety. It has been explained to me and I understand there is no warranty or guarantee as to any result and/or cure. I understand I can ask for a full recital of any and all possible risks attendant to my care by just asking.

Patient, Parent or Guardian

Date

Dr. Kindt D.D.S.