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Endodontic (Root Canal) Treatment Consent Form
Patient Information and Consent Form

1. I have been informed and I understand the purpose and the nature of the procedure. I understand what is necessary to accomplish the treatment plan.
2. I have been informed of the benefits of Root Canal Therapy, which includes: Preservation of an existing tooth and avoidance of restorative replacement with a bridge, implant, or denture; preservation of the underlying bony support providing a stronger abutment tooth for a bridge or partial; and the elimination of pain.
3. My doctor has carefully examined my mouth. Alternatives to this treatment have been explained (Extraction, waiting for further symptoms or signs if diagnosis is differential or screening diagnosis and not definitive).
4. I have further been informed of the possible risks and complications involved. Such complications include failure in some cases, necessitating re-treatment or possible extraction; paresthesia (tingling or numbness of the lip, gums, tongue), particularly if the tooth is close to the mental foramen; infection, which may or may not result in pain; and fractured endodontic instruments, necessitating retrieval, surgical correction, or extraction.
5. I understand that if nothing is done, any of the following could occur: abscess, pain, severe infection or extraction.
6. I understand that occasionally a tooth that has had a non-surgical nerve therapy may require re-treatment. In addition approximately 5-10 percent of teeth that have non-surgical nerve therapy may require additional procedure, root end surgery (apicoectomy) at a later time. Even after surgery, a small percentage of teeth (5 percent) require extraction.
7. I understand the final restoration for this tooth should usually be completed in one month. The doctor recommends a crown be placed on the tooth for restoration, especially if the tooth is a posterior tooth. The treated tooth can become brittle after removing the vital blood supply (nerve therapy); the crown will help provide the support needed.
8. No warranty or guarantee of success has been or can be given in root canal treatment. All of my questions have been answered by the doctor and I fully understand the above statements in this consent form.

Signature of Doctor

Witness

Date

Signature of Patient

If the patient is unable to sign or is a minor.
(Signature of parent or legal guardian)

Relationship to Patient