

Informed Consent for Root Canal Treatment

Patient Name:
DOB:
MRN:
Root Canal therapy can be an involved procedure, as with any dental procedure there are risks to be considered. Although most of these complications are uncommon, it is necessary to be aware of them. These include:
 There are no warranties or guarantees regarding root canal therapy. Success rates are high, but failur is still possible. If failure occurs, the treatment may have to be redone, root end surgery may be required or the tooth may have to be extracted.
Post-treatment discomfort lasting a few hours to several days for which medication will be prescribed in deemed necessary.
3. Post-treatment swelling of the gum area in the vicinity of the treated tooth or facial swelling, either of which may persist for several days or longer.
4. Infection
5. Trismus (restricted jaw opening), which usually lasts several days but maybe longer.
6. Breakage of root canal instruments, which may be in the judgment of the doctor be left in the treated root canal or require surgery for removal.
7. Perforation of the root canal with instruments, which may require additional surgical corrective treatment or results in premature tooth loss or extraction.
8. I understand that following root canal treatment, my tooth may be brittle and should be protected against fracture by the placement of a post & core and crown.
9. I understand that I am to return for a re-evaluation visit so that the root canal treatment can be monitored for further treatment as may be needed.
I certify that I have read the above and that Drhas explained to me the method and manner of the proposed treatment for tooth #the desirability of root canal treatment compared with extractions and treatment. I,fully understand the procedures to be performed and the alternative therapy and I consent to the proposed treatment.
Signature of patient/guardian:
Date of consent:
Signature of provider:
Signature of witness: