

根管治疗同意书

NON-SURGICAL ENDODONTIC CONSENT AND INFORMATION SHEET

1. Root canal therapy is treatment performed to retain a tooth that might otherwise require extraction. Other treatment choices include no treatment, waiting for more definitive symptoms to develop, or tooth extraction.

2. During root canal therapy, certain procedural complications can occur including, but not limited to: alteration of sensation (numbness), separated (broken) instruments, blocked/calcified canals, perforation of the crown and/or root, and damage to restorations. During treatment complications may be discovered which make treatment impossible, or which require dental surgery. These complications may include: blocked canals due to fillings or prior treatment, natural calcifications, curved roots, periodontal (gum) disease, and splits/fractures of the teeth.

根管治疗可出现的并发症，但不局限于以下情况：麻木，器械折断在根管中，根管堵塞，冠或根穿孔，损坏原有充填物，牙齿折断等等。

3. Local anesthetics will be used during root canal therapy. Some common side effects include pain, swelling, and bruising. Other rare side effects may include convulsions, weakness, allergic reactions, persistent numbness, and injury to blood vessels.

根管治疗需使用的局部麻醉，有可能出现局部血肿，疼痛，过敏，麻木，张口受限，血管损伤等。

4. Although root canal therapy has a high degree of success, it is still a biological procedure and as such, cannot be guaranteed. Some teeth that have had root canal therapy may require retreatment, surgery or even extraction.

牙髓治疗有少数病例治疗不成功。可能需要重新治疗，或采用根尖手术，或者拔除牙齿。

5. All of my questions have been answered by the doctor and I understand the above statements in the consent form. I hereby give my consent to the performance of endodontic therapy on the tooth or teeth listed above. I further give my consent to the administration of medications, anesthetics, drugs and services deemed necessary to treat my endodontic problem,

医生已经回答了本人的问题。本人明白以上陈述。同意治疗以及有关用药。本同意书以英文为准。

Tooth number: _____

Patient Name: _____

Medical Record # _____

Patient/Parent/Guardian Signature: _____

Dentist's Name: _____

Dentist's Signature: _____ Date: _____