

Consent for Endodontic Therapy

I hereby authorize Dr. Wiesenmayer to perform an endodontic (root canal) procedure on tooth (teeth) # _____, and I understand that this is an **elective, urgent, or emergency** procedure (circle one).

Alternative Treatments include _____.

Root Canal therapy is indicated when the pulp chamber of a tooth is contaminated by bacteria causing the canals to become infected. The procedure is accomplished when the dentist creates a small opening in the biting surface of the tooth that will allow it to be disinfected and then sealed with an inert rubber-like substance. The sealing of the canals prevents subsequent passage of bacteria into or out of the tooth.

I have been informed that the risks to my health if this procedure is not performed may include, but are not limited to: increased pain, swelling, loss of the tooth (teeth), loss of other teeth nearby, loss of the supporting bone, spreading infection, cyst formation, and/or deterioration of general health due to systemic infection. Further, I understand that inherent and potential risks for this procedure include:

1. A failure to completely eliminate the infection requiring re-treatment, root surgery or removal of the tooth at a later date;
2. Post-operative pain, swelling, bruising, and/or limited jaw opening that may persist for several days;
3. Separation (breakage) of an instrument within the canal during treatment. Broken instrument tips are typically allowed to remain in the canal, and only rarely are they the cause of subsequent problems. If removal is indicated the patient may be referred to an endodontic specialist.
4. Perforation of the root from within the canal can occur requiring additional treatment by a specialist. Such complications will occasionally result in the loss of the tooth.
5. Damage to nerves supplying the teeth resulting in temporary or, in rare instances, permanent numbness or tingling of the lip, chin, or other areas of the jaws or face;
6. Inability to adequately clean the canal(s) due to unforeseen calcified obstructions or severely bent roots. Under certain circumstances the patient may be referred to a specialist for successful completion of the procedure.
7. A fracture of the treated tooth, occurring during or after endodontic treatment. Treated teeth sometimes break due to the tooth's loss of strength resulting from the procedure. In most cases a crown is recommended after treatment to prevent such an occurrence.
8. Extensive decay is often the reason a tooth needs root canal therapy. If in the process of cleaning the decay, a substantial amount of natural tooth structure is lost, the tooth may need a post and core build-up prior to receiving a crown. In some instances, if the remaining tooth structure is below the gum line a procedure

called crown lengthening may be necessary to ensure proper gum health before placement of a crown.

I consent to the administration of **local anesthesia, nitrous oxide analgesia** or **oral sedation** in connection to the procedure referred to above (circle all that apply). Drugs given at the time of surgery for sedative purposes or control of pain following the surgery may cause drowsiness and a lack of awareness or coordination.

Once treatment has begun, it is essential that it be completed in a timely manner. Root canal treatment usually requires 1-2 appointments. There may be additional appointments following completion of the root canal treatment in order to restore the tooth. Also, I understand that successful treatment does not prevent future decay or fracture of the treated tooth.

I certify that I have read the above and fully understand this consent for treatment. I understand that a perfect result cannot be guaranteed. I am aware of the fee(s) associated with this treatment and am responsible for any and all payments not covered by my insurance.

Patient Signature _____ Date _____

Doctor Signature _____ Date _____

Witness Signature _____ Date _____