



Informed Consent For Endodontic (Root Canal) Treatment

Patient: _____ Doctor: _____

The goal of root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate, as with all medical and dental procedures, it is a procedure that cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally an unapparent or hidden problem arises. This procedure will not prevent future tooth decay, tooth fracture, or gum disease and occasionally a tooth that has had root canal treatment may require re-treatment, endodontic surgery, or tooth extraction.

This procedure will be performed by a General Dentist, referral to a root canal specialist may be recommended and/required depending on difficulty in treatment that may arise.

Risks: Risks include but are not limited to:

1. **Instrument Separation in the canal**
2. **Perforations (extra openings) of the canals by instruments**
3. **Blocked canals that cannot be ideally completed**
4. **Incomplete healing**
5. **Post-operative infection requiring additional treatment or the use of antibiotics**
6. **Tooth and/or root fracture that may require extraction**
7. **Fracture, chipping, or loosening of existing tooth or crown**
8. **Post-treatment discomfort**
9. **Temporary or permanent numbness**
10. **Change in the bite or jaw joint (TMJ) problems or TMD**
11. **Medical problems may arise if root canal treatment is not completed**
12. **Allergic reactions to anesthetics, chemicals, or medications**

Other Treatment Options:

1. **No Treatment**
2. **Waiting for more definitive development of symptoms**
3. **Extraction: To be replaced with either nothing, a denture, a bridge, or an implant**

After completion of the root canal procedure you will need to return to the clinic for a permanent restoration to be placed. The ideal restoration for prevention of root canal and/or tooth failure is a full coverage crown. Failure to have tooth properly restored in a timely manner (generally within 30 days) significantly increases the possibility of failure of the root canal procedure or tooth fracture.

I have had the opportunity to ask questions of my treating doctor and I am satisfied with the answered that I have received. I give my consent for the root canal procedure.

Tooth: _____ Patient: _____ Date: _____

Witness: _____ Date: _____

Provider: _____ Date: _____

