

# ENDODONTIC PROFESSIONALS, P.A.

## INFORMATION AND CONSENT FOR ENDODONTIC TREATMENT

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PATIENT

### ENDODONTIC ROOT CANAL THERAPY, ENDODONTIC SURGERY, ANESTHETICS, AND MEDICATIONS

We would like our patients to be informed about the various procedures involved in endodontic therapy and have their consent before starting treatment. Endodontic (root canal) therapy is performed in order to save a tooth which otherwise might need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment, and other treatment choices.

**GENERAL RISKS:** Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and inject ions. These complications include: swelling; sensitivity; bleeding; pain ; infection; numbness and tightening sensations in the lip, tongue, chin, gums, cheeks and teeth, which is transient but on rare occasions may be permanent; reaction to injections; changes in occlusion (biting); jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck and head; nausea; vomiting; allergic reactions; delayed healing; sinus perforation; and treatment failures .

**RISKS MORE SPECIFIC TO ENDODONTICS THERAPY:** The risks include the possibility of instruments broken within the root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns or porcelain veneers; loss of tooth structure in gaining access to canals; and cracked teeth. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

**MEDICATIONS:** Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be enhanced by the use of alcohol, tranquilizers, sedatives or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects. Use of antibiotics may inhibit the effectiveness of oral contraceptives.

**OTHER TREATMENT CHOICES:** These include no treatment, waiting for more definite development of symptoms, or tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

**CONSENT:** I, the undersigned, being the patient (parent or guardian of above minor patient) consent to the performing of examination, tests, and procedures decided to be necessary or advisable in the opinion of the doctor. I also understand that upon completion of root canal therapy in this office, I shall return to my general dentist for a permanent filling of the tooth involved, such as a crown, cap, onlay, or silver or white filling.

I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require treatment, surgery, or even extraction.

I also agree to accept financial responsibility, including all reasonable collection costs such as court, legal and collection fees and interest at 1 1/2% per month on all balances over 60 days , for payment of the account as a result of treatment rendered to the above named patient.

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DATE

PATIENT SIGNATURE (PARENT/GUARDIAN)

DOCTOR'S SIGNATURE