

PRINCETON ENDODONTICS
Consent for Endodontic Treatment

I understand root canal treatment is a procedure to retain a tooth, which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure and cannot be guaranteed.

I, the undersigned, have been informed that I require an endodontic procedure (root canal treatment) on tooth number _____ and that I fully understand the following:

- 1) Failure to follow this recommendation will most likely result in :
 - a. The loss of the tooth.
 - b. Bone destruction due to an abscess.
 - c. Possible systemic (involving the whole body) infection.
- 2) A certain percentages of root canal may require re-treatment, periapical surgery, or even extraction.
- 3) Most risk related to Endodontic treatment are rare and may or may not determine clinical success. They include, but are not limited to: possible instrument separation in a canal, root or tooth perforation, inability to locate a canal, overfill, and damage to an existing restoration that would require complete replacement by the general dentist.
- 4) Successful completion of root canal does not prevent future decay or fracture.
- 5) **Upon completion of Endodontic treatment, it is my responsibility to return to my general dentist's office within six weeks, for a permanent restoration of the treated tooth.**
- 6) I have reviewed the HIPPA notification form that was provided to me at my arrival.
- 7) Treatment performed will require placement of a rubber dam and a number of radiographs will be taken as needed throughout the procedure.
- 8) There are risks involved in administration of anesthetics, analgesics (pain medication) and antibiotics. I will inform the doctor of any previous side effects or allergies.
- 9) If at anytime I have any questions about the treatment I am receiving, they will be promptly answered.

Patient or Patient's Guardian Signature

Date

Witness to Signature

Date