

## CONSENT FOR ENDODONTIC TREATMENT

Tooth # \_\_\_\_\_

This consent form explains the risks, benefits, and alternatives to root canal therapy, ensuring that you are fully informed. The goal of root canal treatment is to save a tooth that might otherwise require extraction. While root canal treatment has a high success rate, it cannot guarantee results, as unforeseen complications may arise.

### Treatment Alternatives and No Treatment Consequences

Alternative options to root canal treatment include:

- **Extraction** of the tooth (with or without replacement options like implants, bridges, or dentures)
- **No treatment**, which may lead to worsening conditions, such as pain, swelling, bone loss, and loss of teeth

### Potential Risks and Complications

Root canal therapy is generally safe but carries certain risks, including:

- **Instrument separation:** The small instruments used during treatment may break. Sometimes the separated part can remain without issue or may require further intervention
- **Perforation:** An accidental opening in the tooth or root, requiring surgical repair or extraction
- **Calcified or blocked canals:** May hinder complete cleaning, increasing the chance of infection or treatment failure.
- **Tooth brittleness:** Treated teeth are more prone to fractures, often requiring crowns for protection.
- **Post-operative issues:** Discomfort, swelling, restricted jaw opening, or infections requiring antibiotics or further treatment.
- **Allergic reactions:** Rare reactions to materials, medications, or anesthetics used during the procedure.
- **Unforeseen outcomes:** Treatment may not relieve symptoms if pain is caused by other sources (e.g., musculature or other teeth).
- **Antibiotics:** May interfere with birth control effectiveness. Notify the office of any side effects
- **Pain medications:** May cause drowsiness. Avoid operating vehicles or machinery while taking them

### Aftercare and Follow-up

A permanent restoration (filling or crown) is essential to protect the treated tooth. You must visit your general dentist within **4 weeks** to prevent complications like reinfection or fracture.

Periodic evaluations (6–12 months for at least two years) are necessary to monitor healing. Neglecting follow-up care may lead to severe infections or tooth loss.

### Acknowledgment and Consent

I understand the proposed procedure, its risks, benefits, and alternatives. I acknowledge that no guarantees have been made regarding the outcome. By signing this form, I acknowledge and accept the risks and give my consent for Dr. \_\_\_\_\_ and their staff to perform root canal therapy and administer necessary anesthetics.

**I also give permission for photography, video, and x-rays for administrative, teaching, and educational purposes.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_