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## Consent to Endodontic Therapy

While serious complications associated with root canal therapy are very rare, 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 a type of therapy designed to retain a tooth which may otherwise require extraction. The goal of root canal therapy is to disinfect the root canal anatomy of a tooth or to disinfect a previously treated root canal filling.

**Risks:** Although root canal therapy has a very high degree of success, it is a biological procedure and therefore the results cannot be guaranteed. During root canal therapy there is the risk of instrument separation within the root canal anatomy; perforations (extra openings); damage to bridge(s), existing fillings(s), crown(s), or porcelain veneer(s); missed canals; loss of tooth structure in gaining access to canals; and fracture of the tooth. Occasionally, a tooth which has had root canal therapy may require re-treatment, apical surgery, or even extraction.

**Other Treatment Choices:** No immediate treatment, waiting for more definitive symptoms to develop, or tooth extraction. Risks involved with these choices may include but are not limited to pain, swelling, infection, and loss of tooth.

**Anesthesia:** An injection of local anesthesia will be used to numb the tooth and surrounding tissues. I agree to the use of local anesthesia depending upon the judgment of Dr. Meza/Dr. Lee/Dr. Patel. Complications of root canal therapy and local anesthesia may include swelling, pain, trismus (restricted jaw opening) infection, bleeding, sinus involvement, numbness or tingling of the lip or tongue, which rarely is prolonged and even more rarely is permanent. I understand that it is my responsibility to report any such symptoms to Dr. Meza/Dr. Lee/ Dr. Patel immediately.

**Medications:** At times, medications will be prescribed by Dr. Meza/Dr. Lee/Dr. Patel prior to or following root canal therapy or surgery. I understand that certain medications prescribed for discomfort or sedation may cause drowsiness and should not be used in conjunction with alcohol or other sedative-hypnotic drugs. I understand that I am advised against the use of alcohol or operating any vehicle or hazardous devices while taking such medications. I further understand that certain medications may cause an allergic reaction in the form of hives, swelling, and stomach irritation. Should any of these signs or symptoms occur following the ingestion of any of these medications, I am to call Dr. Meza/Dr. Lee/Dr. Patel immediately.

**After Treatment:** Following treatment, the tooth may be brittle and subject to fracturing. I understand that the final restoration (filling, crown, etc) will be done by my general dentist.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

(For office use only)

Tooth #: \_\_\_\_\_ Procedure: \_\_\_\_\_ Dr. Signature: \_\_\_\_\_