



CONSENT FOR ENDODONTIC (ROOT CANAL) TREATMENT

The **benefits** of successful root canal treatment include the **relief of pain and the ability to retain the tooth in comfort and function**. I understand that during treatment, complications may arise which complicate or make treatment more difficult, or which may require additional dental surgery. These complications include, but are not limited to:

- Possibility of a separated dental instrument which may prevent successful treatment.
- Blocked root canals which may prevent successful treatment.
- Perforations (accidental openings) of the crown or root of the tooth.
- Loss of tooth structure/weakening of tooth.
- Identification of crown or root fracture during or after treatment.
- Post-operative pain, swelling, and /or infection.
- Damage to existing crowns, bridges, or other appliances.
- A 5-10% chance of failure.
- Root canal filling materials which extends beyond the end of the root.
- Residual numbness, tingling or pain of the treated area

Treatment **alternatives** include: No treatment or Extraction

I understand that root canal treatment weakens the crown of the tooth. **I understand the need for a protective, permanent restoration (possibly a crown) after root canal treatment. I understand that no guarantee of success has been or can be given.** All of my questions have been answered and I fully understand all the above statements contained in this consent form.

I also understand that costs for my treatment have been adequately explained.

Patient/Parent/Legal Guardian

Date