



CONSENT FOR ENDODONTIC (ROOT CANAL) TREATMENT

I hereby authorize the doctors at Thrive Dental & Orthodontics and their staff to perform endodontic (root canal) therapy for me or my dependent on tooth number(s): _____

I understand that the purpose of endodontic treatment is to retain teeth that may otherwise require extraction by treating the canal, or pulp chamber, inside the tooth. It has been explained to me that this is an elective procedure and there are alternative treatments (extraction, referral to a specialist, and no treatment); the doctor has advised me of the consequences of not treating this condition, which include, but are not limited to: worsening of the disease, infection, cystic formation, swelling, pain, loss of the tooth, bone destruction due to abscess, and/or other systemic disease manifestations that may require emergency medical treatment.

I understand that while root canal therapy has a very high success rate, there can be no absolute guarantee regarding treatment success. Many factors contribute to the success of root canal treatment and not all factors can be determined in advance. Some of the factors are: resistance to infection, the bacteria causing the infection, and the size, shape, or location of the canals. Even though care and diligence will be exercised by my treating dentist, there are inherent risks associated with any procedure. I agree to assume those risks, including possible unsuccessful results and/or failure which are associated with, but not limited to the following:

1. **Postoperative discomfort:** After root canal treatment, it is normal to experience some discomfort for several days. This soreness may be mild to severe, but can be treated with appropriate medication. If sensitivity is persistent or lasts for extended periods of time, the patient must notify the dentist, as this may be a sign of more serious problems.
2. **Material Extrusion:** During treatment, the root canal filling material may extend out the end of the tooth root and into the surrounding bone and tissue. In the majority of cases, this overfill is gradually reabsorbed or remains inactive. If this occurs, the healing process of the tooth will be monitored.
2. **Irrigants.** During root canal therapy, irrigants are used to enhance tissue removal and to disinfect the tooth. Occasionally these irrigants may enter the surrounding tissue or bone and can cause pain, swelling, inflammation and in rare cases, tissue necrosis.
3. **Infection:** Following root canal treatment, infection may re-occur or continue to progress, requiring further endodontic surgery with a specialist or extraction of the infected tooth. Endodontic "failure" can occur soon after the procedure, or even years later. Should a fever and swelling occur, especially if it impairs the patient's ability to speak, swallow, or breath, medical attention should be sought immediately. In some cases hospitalization and/or treatment with IV antibiotics may be necessary. If antibiotics are prescribed following treatment, women on oral contraceptives must be aware that antibiotics can render these contraceptives ineffective. Caution must be exercised to utilize other methods of contraception during the treatment period.
4. **Fracture or breakage:** Due to extreme masticatory pressures or other traumatic forces, the root or crown portion of the tooth/teeth may become more prone to fracture or breakage during or following endodontic treatment, requiring tooth extraction. Some teeth may have fractured roots that are undetectable at the time of treatment. The dentist has no control over these factors.

Initials _____

5. **Inability to completely clean and fill the root canal:** Canal calcifications, unique curvatures, or accessory canals may restrict the chance of success and/or may require endodontic surgery, referral to a specialist, or extraction of the tooth.
6. **Separation of files or instruments:** Because of the small diameter and fragility of root canal instruments, there is a possibility of an instrument separating or breaking inside the tooth. Many times the separated part of the instrument can be removed or even retained within the tooth structure without causing problems (these instruments are made of sterile, non-toxic surgical stainless steel). However, additional treatment may be required in the future with a specialist.
7. **Perforation of the tooth:** Perforation of the tooth may require additional surgical corrective treatment with a specialist, or result in loss of the tooth. Perforations can occur into the sinus cavities on root canals performed on upper teeth, and may cause nerve disturbance of the lower teeth resulting in anesthesia or paresthesia.
8. **Nerve injury:** Injury to the nerves, although infrequent, can cause numbness (anesthesia), tingling/burning (paresthesia), or altered sensation in the teeth, lip, tongue, chin, and the tissues in the floor of the mouth. This change in sensation may be temporary lasting a few days to a few months, or could possibly be permanent.
9. **Adjacent Damage:** Damage to existing fillings, crowns, bridges, veneers, or natural teeth can occur necessitating placement or replacement of a restoration. Tissue laceration or abrasion may require sutures (stitches). Stretching of the corners of the mouth can result in cracking and bruising of the lips and/or tissue around the mouth.
10. **Muscle or jaw pain and soreness:** Swelling, discomfort and/or bruising may be noticed following dental treatment. Pre-existing TMJ (jaw joint) conditions may be aggravated by dental treatment. Clicking, popping, muscle soreness, and difficulty opening (trismus) may be noticed following treatment. If symptoms persist, the patient should contact the office. The patient must notify the doctor of any pre-existing conditions prior to treatment.
11. **Unusual reaction to medications:** Reactions, either mild or severe, may possibly occur from anesthetic or other medications administered or prescribed. It is important to take all prescription drugs according to instructions. If any medications prescribed cause nausea and/or vomiting, please call the office immediately.

PATIENT RESPONSIBILITY: Although root canal treatment can save a tooth, the procedure may cause the tooth to become more brittle, turn dark in color, and become more susceptible to fracture; therefore, the tooth must have a crown placed upon completion of the endodontic treatment to obtain the greatest chance of success. If endodontic retreatment is done through an existing crown or bridge, the patient is responsible for any fees or payments to replace the previous restoration.

Additionally, in any of the above circumstances where a specialist's services are needed, it is dependent on the patient to schedule, and attend all appointments. Any fees or payments for services rendered by the specialist are the responsibility of the patient.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of endodontic treatment, and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including the risk of substantial harm, if any. No guarantees or promises have been made to me concerning the results of treatment to be rendered to me. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize the doctors at Thrive Dental & Orthodontics to render any treatment necessary or advisable to mine or my dependent's dental conditions.

Patient's Name (please print)

Signature of Patient, Legal Guardian, or Authorized Representative

Date

Witness' Signature

Date