



**Regarding Health History, Endodontic (Root Canal Therapy),
Premedication, Local Anesthesia, and Medication**

It is the belief of this office that you should be informed about your treatment (therapy) and that you should give your consent prior to starting that treatment. The purpose of this form is to tell of some of the risks that may occur from endodontic (root canal) treatment and other treatment options.

Discussion of complications is not meant to alarm a patient to the point of being afraid of a needed procedure. Rather, it is a recognized medical practice to "inform" the patient of possible risks in connection with these procedures.

Risks of treatment are two kinds: those risks involved in general dental procedures, and those specific to endodontic treatment.

Risks of Dental Procedures in General: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include pain, infection, swelling, bleeding, sensitivity, numbness, and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, reaction to the injection, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restorations in teeth, injury to other tissues, referred pain to the ear, neck, or head, nausea, vomiting, allergic reactions, itching, bruises, delayed healing, sinus complications and further surgery. Medication prescribed and drugs administered may cause drowsiness and lack of awareness and coordination (which can be influenced by the use of alcohol or other drugs), thus it is advisable not to operate any vehicle or hazardous device, or work until recovered from their effects.

Risks More Specific to Endodontic Therapy: These risks include instruments broken within the root canals, perforations (extra openings) of the crown or root of the tooth, damage to the bridges, existing fillings, crowns, and porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment, complications may be discovered which may make treatment impossible or which may require dental surgery at additional cost. These complications may include: blocked canals due to fillings prior to this treatment, natural calcification of the canals, broken instruments, curved roots, periodontal disease (gum disease/pyorrhea), and splits or fractures of teeth. Some of these complications may require removal of teeth.

The Other Treatment Choices: include no treatment, waiting for more definite development of symptoms, having the tooth removed. Risks involved in these choices might include pain, swelling, infection, loss of tooth, and infection to other areas. Treatment will be done in a manner to minimize or avoid risks as success cannot be guaranteed.

I understand that upon request I may receive a copy of this form. I also understand that upon completion of root canal therapy in this office I will be directed to return to my general dentist for permanent restoration such as a crown or filling when appropriate. I, the undersigned, being the patient (parent or guardian of above minor patient) consent to the procedures decided upon after consultation to be necessary or advisable in the opinion of the doctor.

Root Canal Therapy: is an attempt to retain a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth which has a root canal may require retreatment, surgery, or even extraction.

Date: _____ Patient/Parent Signature: _____