



# East York Dental Centre

## ENDODONTIC CONSENT FORM

Informed consent is necessary before starting treatment. Please take a moment to carefully read this form.

**REASONS FOR TREATMENT:** Endodontic (root canal) therapy is performed in an effort to save a tooth which would otherwise require extraction. Treatment is done by standard root canal therapy, or when necessary, endodontic surgery.

**ALTERNATIVE TREATMENT OPTIONS:** These include waiting for more definitive symptoms to develop, tooth extraction, or no treatment at all. The risks involved in these options may include pain, infection, swelling, loss of teeth, and spread of infection to other areas.

**RISKS SPECIFIC TO ENDODONTIC THERAPY:** Possibility of instruments broken with the root canals, perforation/s (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns, fracture of porcelain, loss of tooth structure in obtaining access to the canals, and cracked teeth. During treatment, complications may be discovered which make treatment impossible, or which may require endodontic surgery. These complications may include: blocked canals due to previous fillings or prior root canal treatment, natural calcification/s, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

**OTHER RISKS OF TREATMENT:** Include (but not limited to) complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killer), anesthetics, and injections. These complications include: swelling, sensitivity, bleeding, pain, infection, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, which is temporary but on rare occasions may be permanent, reaction to injections, changes in occlusion (the bite), jaw muscle cramps and spasms, Temporomandibular Joint (TMJ) difficulty, loosening of teeth, referred pain to the ear, neck and head, nausea, vomiting allergic reactions, delayed healing, sinus perforations and treatment failure.

**MEDICATIONS:** Prescribed medications and drugs may cause drowsiness and lack of awareness and coordination (which may be influenced by the use of alcohol, tranquilizers, sedatives or other drugs). It is not advisable to operate any vehicle or hazardous device until recovered from their effects.

### **CONSENT:**

I, \_\_\_\_\_ (patient or parent/guardian of minor patient) consent to the performing of procedures deemed advisable in the opinion of the doctor. I understand that root canal treatment is an attempt to save a tooth, which may otherwise require extraction. Although root canal therapy has a high degree of success, it can not be guaranteed, occasionally, a tooth which has had root therapy may require retreatment, surgery, or even extraction.

Patient/Parent Signature \_\_\_\_\_ Tooth # \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

*For office use only:*

Updated on: \_\_\_\_\_

Patient's Initial's \_\_\_\_\_