

## CONSENT FOR ENDODONTIC RE-TREATMENT

I understand root canal treatment is a procedure to retain a tooth, which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, it is still a biological procedure, so it cannot be guaranteed.

I, the undersigned, have been informed that I require an endodontic procedure (root canal treatment) on tooth number (s) \_\_\_\_\_ and that I fully understand the following:

1. Failure to follow this recommendation will most likely result in:
  - a. The loss of the tooth.
  - b. Bone destruction due to an abscess.
  - c. Possible systemic (affecting the whole body) infection.
2. A failing root canal retreatment may require revisions, periapical surgery and even extraction depending on the situation
3. Root canal retreatment includes access through the crown portion of the tooth and restoration. This will require alteration of the tooth structure and existing filling/crown and may result in tooth/restoration being unserviceable and additional treatment may be required at additional cost.
4. During instrumentation of the tooth the following may occur: a communication with the periodontal structures, an instrument separation in the root canal system, and an overextension of the root canal cement or filling material. Although they are rare and usually do not have a negative effect on the prognosis, these events may lead to nonhealing of the root canal.
5. When making an access (opening) through an existing crown or placing a rubber dam the crown may chip or fracture and a new crown may be necessary after the endodontic treatment.
6. Possible complications may include, but are not limited to: pain, swelling, infection, burning, bruising, partial or complete loss of sensation, and allergic reactions.
7. Root canal retreatment involves removal of previous root canal filling(s) that sometimes cannot be completely removed without substantial damage to the tooth structure, management of previous iatrogenic errors such as canal blockage and deviation from the original path of the canal that may not be successful, or removal of extra means of retention that results in fracturing of existing crowns or dislodgement that necessitates remakes at additional cost.
8. Successful completion of the root canal procedure does not prevent future decay or fracture.
9. Temporary fillings are usually placed in the tooth immediately after root canal treatment. Teeth which have had root canal treatment will require a permanent restoration. This may involve a filling or more extensive restorative work (pins, post, crown build-up, crown) depending on the clinical status of the tooth. If the tooth is not properly restored it could fracture/break requiring extraction.

I understand that a series of appointments may be necessary to complete the root canal therapy, as well as other appointments for restoration. I am also aware that I may have the following symptoms throughout the treatment. Those symptoms may include, but are not limited to: swelling, pain, infection, drainage, fever, and numbness. There are risks involved in administration of anesthetics, analgesics (pain medication) and antibiotics. I will inform the Doctor of any previous side effects or allergies

Note: Antibiotics may decrease the effectiveness of birth control medication. Additional methods of birth control should be used while on antibiotics.

Your estimated copay for today's procedure is \_\_\_\_\_. Payment will be collected at the end of today's appointment.

_____	_____
Printed Name of Patient	Date
_____	_____
Signature of Parent/Patient/Legal Guardian	Date
_____	_____
Witness (Staff Only)	Date