

Patient Name: _____ Date _____ Tooth # _____

A **root canal** is a treatment used to repair and save a tooth that is badly decayed or becomes infected. During a **root canal** procedure, the nerve and pulp are removed and the inside of the tooth is cleaned and sealed. Without treatment, the tissue surrounding the tooth will become infected and abscesses may form.

Risks of Root Canal Treatment

- I understand that many factors contribute to the success of a root canal treatment and not all factors can be determined in advance. Some of the factors are: resistance to infection; the size, shape and location of the canals. My case may be more difficult if my tooth has blocked, curved or narrow canals.
- I understand that during and after dental treatment, I may experience some pain, discomfort, swelling, loosening of dental restorations. I may also need Antibiotics to treat any associated infections.
- I understand that root canal instruments sometimes separate(break) inside the canal which may or may not affect the prognosis. If the separated fragment can not be retrieved, it may be sealed inside the root canal, or require additional treatment in the future such as seeing an endodontist, which may or may not be covered by my insurance.
- I understand that other risks include perforation by an instrument, sinus perforation and/or nerve disturbances.
- I understand that local anesthetic will be given. Some discomfort following the treatment may develop from the injection area and from opening my mouth during the procedure. On rare occasion, paresthesia of the nerve may occur.
- I understand that once a root canal treatment is complete, I must have a permanent crown placed within 3-6 months once the tooth is asymptomatic. If I fail to have the tooth restored, I risk a failure of the root canal treatment, decay, infection, tooth fracture and or loss of the tooth.

Alternatives to endodontic treatment: Depending on my diagnosis, there may be alternatives to root canal treatment. The most common type of alternative is to have the tooth removed. An Extracted tooth usually requires replacement by an artificial tooth by means of fixed bridge, dental implant or removable partial denture.

No Treatment: I may choose to not have any treatment performed at all. If I choose no treatment, my condition may worsen and I may risk serious personal injury. Including severe pain, localized severe pain, localized infection, loss of this tooth and possible other teeth, severe swelling and/or severe infection that may spread to other areas and could be potentially fatal.

I acknowledge that I have provided an accurate medical history, will follow treatment recommendations, and have had the opportunity to ask questions and out these risks in continuing with root canal treatment.

Patients Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____