

CONSENT FORM

Root canal treatment removes infection by removing the soft inner “marrow” of your tooth. Success is over 90% nationally. No medical procedures are 100% successful.

Complications, hidden problems or unforeseen conditions may include, but are not limited to:

1. Inability to instrument or remove all infection.
2. Fracture of root, hole in the root (perforation) or breakage of crown portion of the tooth
3. Broken instrument that may be left in the tooth.
4. Discomfort, infection or numbness that may not resolve.
5. Incomplete healing or need for re-treatment, surgery, or tooth removal.

Alternatives to root canal include:

1. **No treatment:** Condition will likely worsen with the possibility of pain, swelling, and infection, loss of jaw-bone support and tooth loss. Root canal can not be done once too much tooth has been destroyed.
2. **Extraction:** Discomfort, infection or numbness may not resolve after tooth removal. Unless space is filled, teeth may shift, bite may change and gum and jaw joint problems may arise. A fixed bridge, implant or partial denture can replace the tooth.

After Care: Your root canal treatment and fee do not include re-building the tooth after wards. A permanent filling, buildup and /or crown will be needed within about three weeks to seal the tooth, prevent re-infection, tooth fracture, and re-fit your tooth to your bite. Root canal does not prevent future cavities.

I have been able to ask questions, received answers I am satisfied with, and consent to treatment.

Tooth # _____

Print Name _____

Signature _____ Date _____