

INFORMED CONSENT FOR ROOT CANAL THERAPY

I understand that root canal therapy includes possible inherent risks such as, but not limited to:

1. **The tooth may remain slightly tender for a period of time after completed treatment.** If this persists, please call us.
2. **In some teeth regular root canal therapy alone may not be sufficient.** If the canals are blocked, crooked, inaccessible or if there is substantial infection in the bone around the tooth, additional oral surgery may become necessary
3. **Root canal treated teeth can still decay but there will be no toothache.** As with other teeth, proper dental care consists of regular brushing, flossing, proper diet and periodic dental checkups with your general dentist.
4. **Root canal treated teeth may become somewhat brittle and subject to cracking or fracturing.** Crowning (capping) the tooth is the best prevention.
5. **Root canal treated teeth must be protected.** During and after treatment, your tooth will only have a temporary cement filling. (if this should come out, please call us for a replacement). Please return to your general dentist for the crown (cap) at your earliest convenience. Usually allow 1-2 weeks to let the tenderness die down.
6. **Root canal therapy is more than 90% successful.** Many factors influence a patient's individual healing: adequate gum tissue attachment and bone support; quality of oral hygiene; quality of previous and present dental care; general health; absence of trauma; pre-existing root fractures, etc. This is a significant success rate compared with almost any dental treatment.
7. **Root fracture is one of the main reasons why root canals fail.** Unfortunately these "hairline" cracks are almost always invisible and undetectable. Causes of root fracture are trauma, inadequately protected teeth, cracking of the tooth, large fillings, improper bite, wear/tear, habitual grinding of teeth, etc. If the root fractures subsequent to or was fractured prior to treatment, is usually means extraction.
8. **There are alternatives to root canal therapy.** They include no treatment at all; extraction; extraction followed by bridge replacement; extraction followed by partial denture placement; extraction followed by implant and individual crown placement.

I have been given the opportunity to ask questions regarding the nature of the root canal therapy and have received answers to my satisfaction. I do voluntarily assume the possible inherent risks. I am aware that the practice of dentistry is not an exact science and I acknowledge that no guarantees have been made to me. The fee for these services has been explained to me and is satisfactory. By signing this form, I am freely giving my informed consent to the necessary treatment.

Patient's name-please print

Date

Signature of patient, guardian or
authorized representative

Witness to signature