

# Halfmoon Family Dental

## CONSENT FOR ENDODONTIC (ROOT CANAL) TREATMENT

Tooth # \_\_\_\_\_

I have recommended that one or more of your teeth needs endodontic therapy (root canal treatment) based upon your symptoms, my examination of you, and the treatment plan I have discussed with you.

Root canal therapy is accomplished by using local anesthetic injection to numb the tooth involved. Then access is gained to the pulp chamber (canal) in the middle of your tooth by drilling some small holes in the top of the tooth. Small instruments are used to remove the blood and nerve supply inside the tooth. Delicate files are then used to smooth and shape the canal to make sure no tissue remains, which could later become infected. The canal will be sterilized with medications and the canals completely filled with an inert material to prevent bacteria and fluids from getting inside the tooth.

You may experience some soreness, swelling and discomfort in and around the tooth being treated. These problems will go away; however, in rare cases the discomfort may become pain which then may require medications and possibly additional treatment.

There is a chance that the root canal treatment will not resolve your pain. In such instances other procedures such as re-treatment, root tip surgery, even extraction may be necessary to resolve your pain. These other procedures may or may not result in additional charges to you.

Occasionally, one of the delicate instruments used to remove the internal nerve and blood supply will break off inside the tooth. If I am unable to remove the broken piece of instruments it may be close enough to the end of the root that I may elect to leave it in and fill the canal. If an adequate seal has been made, the treatment will likely be a success. If, however, this is not an option or if it has been attempted without success, you may require an apicoectomy (root tip amputation) or other treatment.

### Patient Consent

I understand that root canal treatment weakens the crown of the tooth. The dentist has explained to me the need for a restoration (crown), which adequately protects the tooth after root canal treatment and that without this protection, there is significant chance of the tooth fracturing, which may require extraction. I understand that no guarantee of success has been or can be given. The dentist has answered all of my questions and I fully understand all of the statements contained in this consent form.

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Date