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## INFORMED CONSENT

This document signed and dated, is my consent for any dental treatment deemed necessary in an attempt to preserve my tooth with root canal therapy. This document will allow the treating doctor to perform a diagnosis, administer local anesthesia, and perform root canal therapy and any necessary post-operative care needed.

Root canal treatment is the procedure of cleaning and filling the inside of a tooth that has become diseased or infected. Your treatment may take more than one visit, and you may experience some soreness and discomfort in and around the tooth being treated. Root canal treatment may allow the tooth to remain in the mouth for many years, if not a lifetime.

Although root canal therapy has a high degree of success, it is still a biological procedure and it has been explained to me that a perfect result cannot be guaranteed or warranted. I have been informed that there are certain uncontrollable risks that can arise which can lead to further treatment being necessary. Some of these potential risks include, but are not limited to the following:

- ❖ Fracture of existing tooth structure, fillings, crowns, and bridges may occur.
- ❖ Short term muscle and jaw pain.
- ❖ Temporary or permanent numbness of lip or face from anesthesia or surgery.
- ❖ Extremely calcified, curved or previously treated canals can increase the difficulty of treatment causing canal blockage, ledging, root perforation, or broken instruments.
- ❖ Post-operative pain, swelling and/or infection.
- ❖ Overfills or underfills of gutta percha and/or sealer.
- ❖ Multi-focal pain may require treatment of more than a single tooth to alleviate pain.

The other treatment, which could be necessary include, but are not limited to the following: retreatment, surgery, root removal, or even extraction.

I also understand that some teeth may have fractures in them, which can lead to eventual extraction of the tooth although they are not detectable at the time of treatment. Most fractures that are in the clinical crown of the tooth are easily restorable with root canal therapy and a **full coverage crown** restoration. Fractures that extend to the root portion of the tooth may or may not be detectable at time of treatment and can eventually lead to continued chewing pain and eventual extraction.

Once your root canal therapy has been completed, **it is your responsibility to see your dentist in a timely manner (within 4 weeks after treatment) and have the tooth permanently restored.** Failing to have the tooth restored in a timely manner could lead to recontamination of the root canal filling material and subsequent infection with the possible need for retreatment at the patient's expense.

I have been given the opportunity to question the doctor concerning the nature and inherent risks of the treatment described as:

PROCEDURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSISTANT: \_\_\_\_\_ DATE: \_\_\_\_\_