

Endodontic Informed Consent

Root canal treatment on tooth # _____.

1. The goal of endodontic root canal treatment is to retain a tooth that may otherwise require extraction due to infection.
2. Although endodontic root canal treatment has a high degree of success, it is a dental biological procedure, whose results can not be guaranteed. A small percentage of teeth may need retreatment or extraction if the infection cannot be brought under control.
3. As with other procedures, there is always a small risk of complication. These include separated instruments, perforations in the root, and the inability to access canals due to calcification.
4. A permanent restoration such as a crown or onlay is recommended after endodontic treatment due to increased brittleness and likelihood of tooth fracture.

I understand the above explanation and hereby consent to treatment.

Date: _____

(witness signature)

(signature of patient)

(print name of witness)

(print name of patient)