

## Root Canal Treatment Consent Form

### Patient Information:

- Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Tooth/Teeth Number(s) to be treated: \_\_\_\_\_

### Diagnosis and Recommended Treatment:

After a thorough examination, it has been determined that you require root canal therapy on the tooth/teeth specified above. The purpose of this procedure is to eliminate infection and/or decay within the tooth's pulp chamber and root canals to preserve the tooth.

### Procedure Overview:

Root canal therapy involves:

1. Administering local anesthesia to numb the area.
2. Placing a rubber dam around the tooth to keep it dry and free from saliva.
3. Creating an opening in the tooth's crown to access the pulp chamber.
4. Removing the infected or damaged pulp tissue.
5. Cleaning, shaping, and disinfecting the root canals.
6. Filling the root canals with a biocompatible material.
7. Sealing the opening with a temporary or permanent filling.

### Potential Risks and Complications:

While root canal therapy has a high success rate, potential risks and complications include, but are not limited to:

- Instrument breakage within the canal.
- Perforation of the tooth or root.

- Post-operative pain, swelling, or infection.
- Temporary or permanent numbness of the tongue, lips, teeth, jaws, and/or facial tissues due to anesthesia.
- Fracture or breakage of the tooth during or after treatment.
- Need for additional procedures if complications arise.

Alternative Treatment Options:

- Extraction: Removing the affected tooth, which may require replacement with a bridge, implant, or denture.
- No Treatment: Choosing no treatment can lead to worsening infection, pain, swelling, and potential systemic health issues.

Post-Treatment Care:

After root canal therapy, it's essential to:

- Have the tooth restored with a permanent filling or crown to prevent fracture and reinfection.
- Maintain good oral hygiene practices.
- Attend regular dental check-ups.

Consent:

I have read and understood the information provided above. I have had the opportunity to ask questions and have received satisfactory answers. I consent to the root canal treatment and understand that no guarantees have been made regarding the outcome.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_