Jeffrey P. Halvorson, D.D.S., M.S.
Michael W. Hembrough D.D.S., M.S.

ENDODONTIC CONSENT AND INFORMATION FORM

Root Canal Therapy, Endodontic Surgery, Anesthetics and Medications

We would like to inform you of the various procedures involved in endodontic therapy and have your consent before starting treatment. Endodontic (root canal) therapy is performed in order to save a tooth which might otherwise need to be removed. This is accomplished by conservative root canal therapy, or when needed, endodontic surgery. The following discusses possible risks that may occur from endodontic treatment or other treatment choices.

RISKS: Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics, and injections. These complications include: swelling; sensitivity; bleeding; pain; infection; numbness and tingling sensation in the lip, tongue, chin, gums, cheeks, and teeth, which is transient but, on occasions, may be permanent; reaction to injections; changes in occlusion (biting); jaw muscle cramps and spasms; temporomandibular (jaw) joint difficulty; loosening of teeth; referred pain to ear, neck and head; nausea; vomiting; allergic reactions; delayed healing; and treatment failure.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: The risks include the possibility of instruments broken within the root canals; perforations (extra openings) of the crown or root of the tooth; damage to bridges, existing fillings, crowns or porcelain veneers; loss of tooth structure in gaining access to canals; and cracked teeth. During treatment, complications may be discovered which make treatment impossible, or which may require dental surgery. These complications may include: blocked canals due to fillings or prior treatment, natural calcifications, broken instruments, curved roots, periodontal disease (gum disease), splits or fractures of the teeth.

MEDICATIONS: Prescribed medications may cause drowsiness and lack of awareness and coordination (which may be intensified by the use of alcohol, tranquilizers, sedatives, or other medications). It is not advisable to operate any vehicle or hazardous device until you have recovered from the effects of the medications.

OTHER TREATMENT CHOICES: These include no treatment, waiting for more definite development of symptoms, tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

CONSENT: I, the undersigned, being the patient, parent or guardian, consent to the performing of procedures decided upon to be necessary or advisable in the opinion of the doctor. I understand the doctor will examine me and proceed with treatment only after he explains what he will do. I have the right to refuse treatment after this examination. I understand that root canal treatment is an attempt to save a tooth which may otherwise require extraction. Although root canal therapy has a very high degree of clinical success, I understand that it is still a biological procedure and cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require retreatment, surgery or even extraction. Finally, I understand that upon completion of root canal therapy in this office, I shall return to my general family dentist for a permanent restoration of the tooth involved, such as a crown, cap, jacket, onlay, or silver or resin filling.

PATIENT'S NAME (PLEASE PRINT) _____

SIGNATURE OF PATIENT OR GUARDIAN _____ DATE _____