

ROOT CANAL CONSENT FORM

This disclosure is not meant to alarm you, it is simply an effort to make you better understand the possible risks of the treatment so you can make an informed decision whether to undergo the procedure

POSSIBLY COMPLICATIONS

DURING THE PROCEDURE

- Separation of the instrument(s) in the canal that cannot be retrieved,
- Blocked/ severely bent /split canal(s) which can prevent complete treatment,
- Damage to existing fillings, crowns or veneers when preparing opening of the tooth to the canals (patient liable for replacement costs),
- Perforation(s) of the tooth or root,
- Pain or discomfort to the solutions or medications used,
- Pre-existing cracks or fractures in the tooth which render in unsuitable for root canal treatment.

ANAESTHETIC

- Adverse reactions or allergies,
- Swelling, jaw muscle tenderness,
- Temporary or permanent numbness of tongue, lips, teeth, jaw and or facial tissue.

AFTER TREATMENT

- Soreness, pain on biting or sensitivity which can last for several days and radiate to other areas,
- Post procedure infection or swelling, which may require antibiotics, further treatment or hospitalisation,
- Fracture of temporary filling, which will need to be replaced,
- Stiffness of jaw joint or nearby muscles, possible restricted mouth opening (especially if jaw problems already exist), jaw muscle spasms, change in bite

FUTURE

- Failure of 7-15% (incomplete healing, re-infection of treated tooth),
- Discolouration of tooth,
- Hidden canals that are untreated can become inflamed/infected in the future,
- Tooth or root fracture as root canal treatment may reduce the strength and durability of a tooth.

I, _____
Hereby authorise Dr _____
And any associates to perform root canal treatment on my tooth _____.

I understand that this is an elective procedure and have had alternative treatment options explained to me.

I understand that there are potential risk and complications associated with root canal treatment, which include but are not limited to the list outlined on the left. Unforeseen conditions may arise that will require referral to a specialist for further care.

I am aware that after root canal therapy my tooth will need to be restored (filling, onlay crown or bridge). I realise that should I neglect to return for the proper restoration, that there is an increased risk of failure of the root canal treatment, tooth fracture and/or premature loss of the tooth.

I am aware that root canal therapy is a highly predictable and successful procedure, but there is still a failure rate of 7-15% under optimal conditions, whereby additional treatment is required (retreatment, endodontic surgery or extraction of the tooth). Root canal treatment will not prevent future tooth decay, tooth fracture or gum disease.

The dental procedure, fee involved, and risks of treatment has been explained to me, and I understand that there is no warranty or guarantee as to the result and/or cure.

I have read and understood this document, as well as my questions answered, and I agree to proceed with the root canal treatment.

Sign: _____

Date: _____

Dentist sign: _____

Witness: _____