

ROOT CANAL

I understand that my doctor may discover conditions requiring different treatment from that which was planned. I give my permission for those additional procedures that are advisable in the exercise of professional judgment, which would include extraction of the tooth if the prognosis was very poor.

Certain risks and complications are associated with root canal treatment that include, but are not limited to:

1. Post-operative bleeding, swelling, and discomfort that may require at-home recuperation for a few days
2. Bruising of mouth tissues or skin of face or lips in areas sometimes distant from the surgical site
3. Injury to adjacent teeth or soft tissues, including existing restorations or oral tissues including lips or tongue
4. Temporary or permanent numbness of the lip, chin, gum, cheek, or tongue (including possible loss of taste)
5. Perforations into the sinus (a chamber in the upper jaw) that may require additional treatment
6. Swallowing or inhaling of instruments or fillings
7. Restricted mouth opening related to swelling and muscle soreness or stress on the jaw joints (TMJ)
8. Separated instruments/irretrievable instruments or inoperable/inaccessible root canal anatomy (i.e. calcified canals) causing shortened fills or an excessive length of filling material (incomplete endodontic seal)
9. Fracture of the root requiring extraction
10. Infection or chronic irritation of the bone or surrounding tissues
11. Non-healing lesions in the bone around the end of the tooth
12. Perforation of tooth structure, canal walls, or out the end of the root

Most procedures are routine and serious complications are not expected.

No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. Due to individual patient differences there exists a risk of failure, relapse, selective re-treatment, or worsening of my present condition despite the care provided. However, it is the doctor's opinion that therapy would be helpful, and that a worsening of my condition would occur sooner without the recommended treatment.

I realize that by not revealing complete, truthful information about my past medical history, medication, drug use, possible pregnancy, etc, I place myself under significant risk for the procedure and anesthesia. I have had an opportunity to discuss my past medical/health history including any serious problems and/or injuries and current medications with the doctor.

I understand that timely placement of a permanent restoration following completion of the root canal is necessary. I acknowledge that it has been explained to me that this may mean a filling (select front teeth only) or crown with or without a post/core or buildup.

I have read and understand the above and had my questions answered. I recognize there can be no warranty as to the outcome of treatment and additional treatment to save my tooth might result in additional cost. I hereby give my consent for the treatment stated above.