

INFORMED CONSENT FOR ROOT CANAL THERAPY

Patient's Name (Please Print) _____

Tooth Number(s) _____

SUCCESS RATE-Root Canal Treatment is about 85-95% successful. Many factors affect the success of treatment: your general health, condition of the nerve, bone support around the tooth and strength of the tooth.

COMPLETION OF TREATMENT-Root canals are sometimes completed in a single appointment or may take several appointments. If the treatment spans several appointments, you will have a temporary filling placed on the tooth to protect the canal. If the filling should come out, please call our office to replace it. Once the treatment is begun, it is absolutely necessary the treatment is completed.

SENSITIVITY-Just like with fillings, a root canal can be sensitive both during and after final treatment. Usually this sensitivity disappears in several weeks. If it does not or appears to worsen, please call our office to let us know.

CAUSES OF FRACTURE-One of the main reasons root canals fail is because of breakage or fracture. A fractured tooth may require extraction of the tooth. One of the best ways to prevent fractures of a root canal tooth is to have a crown put over the tooth to strengthen it. Other causes of fractures include grinding of teeth, improper bite, trauma, etc. These fractures can occur either before or after the root canal and are often invisible or difficult to detect.

CROWN NEEDED-A crown is usually recommended for any tooth that has had a root canal. This is because root canal teeth no longer have a blood supply to them and become more brittle than your other teeth. This is especially true of your back chewing teeth-the molars and the bi-cuspids. A crown goes over the root canal tooth to strengthen it and protect it from breakage.

PROPER CARE-Root canal teeth have no nerve, but they can still decay. It is important to take care of root canal teeth just as you would any other tooth: good home care, proper diet, and regular dental check-ups.

ADDITIONAL TREATMENT-Additional treatment may be necessary. Occasionally, root canal treatment alone does not complete the treatment. The canals of the tooth can be very narrow or curved or calcified. There may be infection around the roots of the tooth. Instruments used to treat the tooth may become separated in the canal. The tooth may remain or become sensitive. A surgical procedure or possibly extraction may be necessary to try to resolve the problem.

The nature and purpose of root canal therapy has been explained to me, and I have had an opportunity to have my questions answered. I understand that dentistry is not an exact science and success with root canals cannot be guaranteed. In view of the above information I authorize the doctor and/or such associates and assistants as necessary to render any treatment necessary and/or advisable to my dental condition including any and all medications. I have provided as accurate and complete a medical and personal history as possible including antibiotics, drugs or other medications I am currently taking as well as those to which I am allergic. I will follow any and all treatment and post treatment instructions as explained and directed to me.

Patient's Signature or Guardian if patient is a minor

Date

Witness

Date

Dentist

Date