CONSENT TO PERFORM ENDODONTICS

Patient's (or Parent's - if minor) Signature

This authorization and consent for treatment is given to Dr. Thomson / Dr. Kjar and staff after first having had a full explanation of the proposed treatment. This disclosure is not meant to frighten me. It is simply an effort to make me better informed so I may give or withhold my consent.
The doctor has explained that his diagnosis isand has advised me that in his opinion root canal treatment is indicated. The doctor has advised me of his opinion and the consequences of not treating this condition include but are not limited to: worsening of the disease, infection, cystic formation, swelling, pain, loss of
tooth, and/or other systemic disease manifestations. The doctor has advised me of alternative treatments, benefits, and risks which include, but are not limited to: extraction of the infected tooth (teeth) or no treatment. I, however, believe that the root canal as noted above would be my preferred choice of treatment.
The doctor has advised me that there are certain risks and potential consequences of any treatment and such risks would include but are not limited to: • A certain percentage (approximately 5-10%) of root canals fail, necessitating re-
treatment, root surgery, or extraction. • Postoperative discomfort, swelling, restricted jaw opening which may persist several days or longer.
Breakage of root canal instrument during treatment which may, in the judgement of the doctor, be left in the treated root canal or require surgery for removal.
 Perforation of the root canal with instruments which may require additional surgical corrective treatment or result in loss of tooth.
 Premature loss of tooth due to progressive periodontal (gum) disease. Root canal treatment relies heavily on radiographic information. Since radiographs are essentially 2-dimensional shadows which provide reliable but not infallible information, this may lead to root canal failures.
 Successful completion of the root canal procedure does not prevent future decay or fracture. The endodontically treated tooth will be more brittle and may discolor. In most cases, a crown and post filling is recommended after completion of the root canal to prevent fracture and/or improve esthetics.
I have had an opportunity to discuss the endodontic fee and understand that it does not include alloy, plastic/composite restoration, or crown (typically completed at the general/referring dentist's office). I have read and understand the above and had all my questions answered to my satisfaction. I agree to proceed with the recommended root canal therapy.
Patient's Name (printed) Date