GRAND AVENUE DENTAL CARE

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ENDODONTIC CONSENT

Regarding Health History, Dental History, Pre-medication, Local Anesthetic and Medication

It is the belief of this office that you should be informed about the treatment (therapy) and that you should give your consent before starting that treatment. The purpose of this form is to tell of the risks that may occur in the endodontic (root canal) treatment, and other treatment choices. Root canal treatment is done in order to retain a tooth (or teeth) which otherwise might need to be removed. Related dental surgery is done when needed. Risks of treatment are of two kinds: those risks involved in general dental procedures, and those specific to endodontic treatment.

RISKS OF DENTAL PROCEDURES IN GENERAL Included (but not limited to) are complications resulting from the use of dental instruments, drugs, sedation, medicines, analgesics (pain killers), anesthetics and injections. Those complications include pain, infection, swelling, bleeding, sensitivity, numbness and tingling sensation in the lip, tongue, chin, gums, cheeks and teeth, thrombophlebitis (inflammation to a vein), reaction to injections, change in occlusion (biting), muscle cramps and spasms, temporomandibular (jaw) joint difficulty, loosening of teeth or restoration in teeth, injury to other tissues, referred pain to the ear, neck and head, nausea, vomiting, allergic reactions, itching, bruises, delayed healing, sinus complications, and further surgery. Medication and drugs may cause drowsiness and lack of awareness and coordination (which can be influenced by the use of alcohol and other drugs), thus it is advisable not to operate any vehicle or hazardous device, or work for twenty-four hours or until recovered from their effects.

RISKS MORE SPECIFIC TO ENDODONTIC THERAPY: These risks include 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. Those complications may include: blocked canals due to fillings, prior treatment, natural calcification, broken instruments, curved roots, periodontal disease (gum diseases/pyorrhea), splits or fractures of the teeth.

THE OTHER TREATMENT CHOICES include no treatment, waiting for more definite development of symptoms, having the tooth removed. Risks involved in these choices might include pain, swelling, infection, loss of tooth, and infection to other areas. Treatment will be done in a manner to minimize or avoid risks, as success cannot be guaranteed.
I understand that upon my request I may receive a copy of this form. I also understand that upon completion of root canal therapy in this office I will be directed to return to my general family dentist for a permanent restoration such as a crown, cap, inlay, or filling.

I, the undersigned, being the patient (parent or guardian of above minor patient) consent to the performing of the procedures decided upon to be necessary or advisable in the opinion of the doctor on the tooth or tissue as listed. Root canal treatment is an attempt to retain a tooth which may otherwise require extraction. Although root canal therapy has a high degree of success, it cannot be guaranteed. Occasionally a tooth, which has had a root canal, may require retreatment, surgery or even extraction.
I have read and take responsibility for my account regarding office policies for scheduling, insurance, and account payment. I have also read the above consent and understand its implications.

Patient Signature_____ Date: _____

Guardian Name _____ Relationship to Patient if not Self _____

Witness _____ Date: _____