

INFORMATION AND INFORMED CONSENT FOR ROOT CANAL THERAPY

Patient Name: _____ **Tooth #(s):** _____

- 1. **Root canal therapy is about 90% successful.** Many factors influence the treatment of the outcome: the patient’s general health, bone support around the tooth, strength of the tooth including possible fracture lines, shape and condition of the root and nerve canal(s), etc.
- 2. **The treated tooth may normally be sensitive following this appointment** and may remain tender for a time after treatment is completed. If sensitivity persists, and does not seem to be getting better, even several weeks after the root canal therapy is finished, please call our office.
- 3. **Teeth treated with Root Canal Therapy must be protected during treatment.** Between appointments your tooth will have a temporary filling. If this should come out, please call the office immediately and arrange to have it replaced.
- 4. **Fractures are one of the main reasons why root canal treatment fails.**
DO NOT EAT ON THE TREATED TOOTH UNTIL A PERMANENT CROWN IS PLACED!
Unfortunately, some cracks that extend from the crown down into the roots are invisible and are virtually impossible to detect. They can occur on the uncrowned teeth from traumatic injury, biting on hard objects, habitual clenching or grinding, or even normal wear. Whether the fracture occurs before or after the root canal treatment, the tooth may have to be extracted.
- 5. **You could experience possible lip numbness.** Although very rare and mostly temporary, there is a possibility of temporary or permanent lip numbness when treating lower premolars and molars.
- 6. **Since a tooth with Root Canal Treatment is more brittle** than other teeth, it is sometimes recommended that a post or build-up and permanent crown be made to completely restore the tooth. Because the tooth is now hollow, it can fracture easily. If the tooth is not crowned, it may break, thus becoming un-restorable, and consequently require extraction.

****THE POST/BUILD-UP AND PERMANENT CROWN/RESTORATION ARE SEPARATE PROCEDURES AND ARE NOT INCLUDED IN THE ROOT CANAL TREATMENT FEE.

Patient Initials: X _____

- 7. **With some teeth, conventional root canal treatment alone may not be sufficient.** If the canals are severely bent or calcified, if there is substantial or long standing infection in the bone, or if a metal file or instrument becomes separated within a canal, the tooth may remain sensitive and a surgical procedure may be necessary to resolve the problem.
- 8. **When removing your existing crown the porcelain or tooth may chip or fracture.** If the Doctor must remove your existing crown to achieve proper access to the canals, the removal procedure may cause the porcelain or the tooth to fracture. Therefore, the crown may have to be remade or the tooth extracted.
- 9. **There are alternatives to root canal therapy.** They include no treatment at all, extraction with nothing to fill the space, and extraction followed by a bridge, partial denture, or implant to fill the space.

I have received the Root Canal Treatment educational brochure. The nature and cost of root canal therapy and subsequent restoration has been explained to me. I have had all my questions regarding this procedure answered. I understand that Root Canal Therapy success cannot be guaranteed. I understand that this procedure is necessary and I authorize the Doctor to proceed with Root Canal Treatment.

Patient Signature: X _____ **Date:** _____
(or Guardian if patient is a minor)

Dental Assistant Signature: _____ **Date:** _____

Doctor Signature: _____ **Date:** _____