

CONSENT TO ROOT CANAL THERAPY

Patient's full name : _____

Tooth treated : # _____

Prognosis : _____

Root canal therapy has a high level of success. However, like any other dental treatment, it is impossible to guarantee its success.

In order to prolong the life of the treated tooth, a permanent crown post-treatment is highly recommended.

Possible complications :

- Root canal retreatment or root tip surgery;
- Root perforation / fracture of instruments in the tooth;
- Decay;
- Color change (darker than adjacent teeth);
- Post-treatment pain or swelling;
- Post-treatment infection;
- Fracture of root / fracture of crown
- Other _____

Particular complexities :

- Medical history
- Limited mouth opening
- Dental rotation / inclination
- Curved canals
- Canal anatomy
- Canal calcification
- History of trauma
- Retreatment of tooth

I understand that the dentist may refer me to a specialist (endodontist) if any complication occurs during or post-treatment.

The doctor _____ explained to me the risks and advantages of a root canal. Alternative treatments (_____) and the option of non-treatment (infection, swelling, cyst formation, pain, loss of tooth and/or systemic disease). The dentist responded to all of my questions and I understand the nature of the root canal.

Patient signature

Dentist signature

Date