ROOT CANAL TREATMENT CONSENT FORM

Patient Name: _____

Date of Birth: _____

Tooth Number(s): _____

Date: _____

1. Diagnosis and Recommended Treatment

You have been diagnosed with a condition that requires Root Canal Treatment (Endodontic Therapy) to eliminate infection and preserve the affected tooth.

2. Nature of the Procedure

Root canal treatment involves the removal of infected or damaged pulp tissue from inside the tooth, cleaning and shaping the root canals, and filling them with a biocompatible material.

3. Risks and Complications

While root canal treatment has a high success rate, like any medical or dental procedure, it may involve some risks and potential complications, including but not limited to:

- Pain, discomfort, or swelling during or after the procedure
- Instrument separation inside the canal
- Perforation of the root
- Incomplete removal of infected tissue
- Fracture of the tooth
- Need for additional procedures such as:
- - Root Canal Retreatment
- - Apicoectomy (surgical root procedure)
- - Tooth Extraction, if the tooth cannot be saved

4. Alternative Treatment Options

I understand that the alternatives to root canal treatment may include:

- Tooth extraction, with or without replacement options such as implants, bridges, or dentures
- No treatment, with the risk of infection, pain, or tooth loss

5. Post-Treatment Restoration

I understand that after a root canal, the tooth may become brittle and will likely require a permanent restoration, such as a crown, to protect it from fracture or reinfection.

6. Consent

I understand the nature and purpose of the proposed treatment, the potential risks and complications, and the alternatives available to me. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction.

By signing below, I acknowledge and consent to receive root canal treatment, understanding that retreatment may be necessary if the initial procedure fails.

Patient Signature: _____ Date: _____

Doctor Signature: _____ Date: _____