



Palladium Dental

Informed Consent for Endodontic Treatment (root canal therapy)

Patient name: _____

I have been advised to have the following procedure (s) performed:

All the available treatment options were presented to me. I have been informed of the following possible alternative treatments, and the risks & benefits of each:

- No treatment
- Root Canal therapy
- Extraction
- Other _____.

Risks specific to root canal therapy

Damage to bridges, crowns, existing fillings, or porcelain veneers, loss of tooth structure in gaining access to the canals, fracture of tooth structure, and change in tooth color (becoming darker than adjacent teeth). During treatment, complications may be discovered which make endodontic treatment impossible, or which may require microsurgery or extraction. These complications may include blocked canals due to fillings or prior treatment, natural calcifications, curved roots, periodontal (gum) disease, and split or fractures of the teeth. Root canal treatment is an attempt to retain a tooth that may otherwise require extraction.

Although root canal therapy has a high degree of success, it cannot be guaranteed. The doctor will do everything in his power to achieve success, and avoid or minimize complications. Occasionally, a tooth which has had root canal therapy may need retreatment, microsurgery, or extraction. We recommend that all root canal treated teeth, unless otherwise advised should be restored with a crown, to prevent any fracture of tooth structure.

I understand why this treatment has been recommended. I understand the nature of the procedure and have had the opportunity to discuss it with my dentist. The risks and benefits for the procedure have been discussed with me to my satisfaction, including the risks and benefits of no treatment.

Patient/Guardian signature

Date