

## CONSENT FOR ENDODONTIC THERAPY

Please review the following consent. You will be required to sign it prior to the initiation of treatment.

This is my consent to authorize Dr. Christopher K. Ross to perform endodontic therapy on tooth/teeth #(s)\_\_\_\_\_. I further give my consent for Dr. Christopher K. Ross to take my radiographs (x-rays), administer any medications, anesthetics, drugs and services or procedures that he deems necessary or advisable as a corollary to the planned endodontic treatment.

I understand that endodontic therapy is a procedure to retain a tooth that may otherwise require extraction. Endodontic therapy results in the removal of the pulp tissue (nerves and blood vessels) from the inside of the tooth, and then seals the space with a filling material. Endodontic therapy enjoys a relatively high degree of success, but because it is a biological procedure, success cannot be guaranteed or warranted. Occasionally, a tooth, which has had endodontic treatment, may require a retreatment, periradicular surgery, or even extraction. During treatment, there is the possibility of instrument separation within the tooth, perforation of tooth structure in gaining access to the canals, and fracturing of the tooth itself. These unlikely events are the hazards of endodontic therapy, and are not dispositive of inadequate treatment by the caregiver.

Following treatment, the endodontically treated tooth **MUST BE RESTORED** to function with a protective restoration, usually a post and crown within **THREE WEEKS**. The patient is advised that the endodontically treated tooth is **NOT** a final treatment of the tooth, and that the patient should get a protective restoration by his/her dentist as soon as possible to avoid future complications.

Some teeth may not be amenable to endodontic treatment at all. Other treatment choices include no treatment, waiting for more definitive symptoms to develop, or tooth extraction. Risks involved in these choices include but are not limited to pain, swelling, loss of tooth, infection, and spread of infection to other areas.

Complications of endodontic therapy and anesthesia may include swelling, pain, trismus (restricted jaw opening), infection, bleeding, sinus involvement, and numbness of the lip, gum, or tongue, which rarely is protracted, and even more rarely permanent.

The nature of endodontic therapy has been explained to me. I have had the opportunity to have my questions answered to my satisfaction, by the doctor concerning the nature of my treatment.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature (Guardian if patient is a minor)

\_\_\_\_\_  
Christopher K. Ross, D.M.D.,P.C.