



## Authorization and Consent for Endodontic Treatment

Endodontic treatment (root canal therapy) consists of cleaning, shaping and filling of the root canal system inside your tooth. The root canal system is the space inside the tooth that in health is occupied by soft tissue. In disease, this space may be occupied by inflamed, infected and/or dead tissue that can be the source of infection, pain and swelling outside of the tooth and in the bone.

I (Patient's Name) \_\_\_\_\_ hereby authorize Dr. Luzader and/or Dr. Parreira to perform endodontic treatment (root canal therapy) as needed to treat my dental problem or condition. I further authorize the administration of medications and anesthetics, performance of diagnostic procedures, and such additional services that may be deemed reasonable and necessary, understanding that risks are involved. The reason for and the nature of these procedures have been explained to me!

Possible alternative methods of treatment may include tooth removal (extraction) or surgical endodontic treatment. The advantages or disadvantages of each have been discussed with me. I have been advised that I may also choose to decline treatment at this time and understand the risks in *not* having treatment include, but are not limited to, pain, swelling, infection (which may be severe), increased bone loss, and loss of the tooth.

Treatment will be performed in accordance with accepted methods of clinical practice. Included in the treatment will be the taking of a minimal number of digital x-rays as dictated by the requirements of the case (usually four).

There are certain inherent and potential risks associated with endodontic treatment. These risks include but are not limited to the following:

- Swelling, pain and bruising caused by continuing infection, caused by injections for anesthesia, or caused by a reaction to medications used inside the tooth.
- Residual numbness and/or tingling sensation in the lip, tongue, cheek or gums, which on infrequent occasions may be permanent.
- Muscle spasm resulting in joint pain and/or limited opening of your mouth.
- Breakage of instruments within the tooth or perforation through the side of the tooth.

The prognosis for successful healing of your tooth following endodontic treatment typically is excellent. However, a small percentage of teeth that have received endodontic treatment do not heal properly and require further endodontic treatment or extraction.

It is **extremely important** that a tooth that has had endodontic treatment be adequately restored with a crown or suitable filling as soon as possible after the endodontic treatment is completed. You will need to contact your general dentist for the crown or filling required to complete the restoration of your tooth. Failure to have the final restoration placed will result in contamination of the endodontic filling which may require retreatment or extraction of the treated tooth.

I certify that I have read fully and understand the above authorization and informed consent and that all of my questions were answered in a satisfactory manner.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_