



Authorization and Consent for Endodontic Treatment

Endodontic treatment (root canal therapy) consists of cleaning, shaping and filling 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 the tooth.

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 (to include articaine which, in some cases, can provide better anesthesia but has a slightly increased risk for residual numbness since it is a stronger solution), 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 and 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, increased bone loss and loss of the tooth.

Treatment will be performed in accordance with accepted methods of clinical practice. Included in the therapy will be the taking of a minimal number of 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, injections for anesthesia, or 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 is typically good. However, approximately 10% 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 complete the restoration process will result in contamination of the endodontic filling and require that the endodontic treatment be redone.

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. **Please do not sign below until you have talked to the doctor.**

Patient Signature: _____ Date: _____

Doctor's Signature: _____ Date: _____