St. Luke's Dental Health Center
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CONSENT FOR ENDODONTIC (ROOT CANAL) PROCEDURES

This form explains endodontic (root canal) treatment. Please read the following, feel free to discuss any part of the treatment, then sign at the bottom.

- I understand that root canal treatment will allow me to keep a tooth that might otherwise have to be removed. It usually involves making an opening in the tooth to remove damaged soft tissue that runs through the root. This opening is then cleaned and filled.
- I understand that no guarantees of success can be given. On occasion, a tooth that has received root canal treatment may require more treatment or extraction.
- I understand the number of visits and x-rays may vary with each case.
- I understand local anesthetics (numbness) and a rubber dam are required for best results. Occasionally, it is difficult to become completely numb due to extreme inflammation/swelling around the tooth.
- I understand the alternative to root canal treatment can be increasing pain, infection, bone and tissue damage, and extraction. The removal of a tooth may require other dental procedures and expense.
- I understand that re-treating a previous root canal or treating a root canal started in a different dental office may have different outcomes than expected due to difficulty involved.
- I understand there are possible complications in root canal treatment.
- I understand that regular checking of the tooth is recommended after the root canal is finished.
- I understand that I am free to stop treatment at any time. I also understand that if the root canal treatment is not finished, it may be impossible to keep the tooth. Pain, swelling, infection, and extraction could occur.
- I understand that after root canal treatment, the tooth will need a new filling or crown, and that this new filling or crown must be placed as soon as possible.

- I hereby consent to root canal treatment on tooth #_____.

    o Patient Name:_____

    o Parent/guardian name:_____

    o Parent/guardian signature:_____

    o Date:_____