

ROOT CANAL INFORMED CONSENT for Jack P. Campbell, D.M.D.

1. The purpose of root canal therapy is to retain teeth that would otherwise have to be extracted.
2. Treatment may require multiple visits. Scheduled appointments must be kept or the infection can recur.
3. Usually, there is only mild discomfort following each treatment. This is controlled with ibuprofen, Tylenol, aspirin, or prescribed medication.
4. Endodontic treatment has a high degree of success. As with any medical or dental treatment however, this treatment has no guarantee of success for any length of time. Teeth with previous root canal treatment will have a lower success rate.
5. Accurate and complete disclosure of medical information is necessary for proper diagnosis, and to help prevent unnecessary complications during your treatment.
6. The most common complications with root canal therapy include, but are not limited to:
 - A. Continued infection, requiring root canal surgery or extraction of the tooth.
 - B. Calcified canals, or canals blocked by broken instruments, requiring root canal surgery, or extraction of the tooth. Perforation of the root canal (going out the side of the tooth) with instruments, may also require extraction of the tooth.
 - C. Pain or swelling, requiring use of medication or further procedures.
 - D. Side effects and reactions to medication.
 - E. Fractures (breaking) of the root or crown of the tooth during or after treatment. It is recommended that all posterior teeth be crowned following root canal treatment. If your tooth already has a crown, there is a chance it will need to be replaced due to decay or loss of structural support. Porcelain crowns are subject to breakage. These procedures will need to be performed by your general dentist.
 - F. Tenderness of the tooth following treatment due to possible complications with root canal treatment, gum disease, physical stress from chewing, or the degree of healing your body exhibits.
 - G. Trismus (restricted jaw opening) lasting several days.
 - H. Injury to the nerve underlying the teeth, resulting in numbness or tingling of the lip, chin, gums, teeth or tongue. This may persist for several weeks, months, or, on rare occasions, permanently.
7. Other treatment choices include no treatment, waiting for more definite development of symptoms, and tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.
8. After treatment, you should return to your general dentist for appropriate restorative measures, which may include a filling, post and core build-up, or a crown, within a time-frame specified by our office staff.
9. You should return to this office in one year for a recall visit to determine success or failure of this root canal. It is your responsibility to call and schedule this appointment at that time.
10. If you have any questions, please ask.

"I have read and understand the above, and hereby consent to root canal treatment of tooth # _____, any necessary x-rays, and /or evaluations, which may include hot and cold sensitivity testing."

Signature of Patient or
Legal Guardian (If required): _____ Date: _____

Signature of Doctor: _____ Date: _____