



NOSE  
CREEK  
DENTAL  
CENTRE

## Consent for Endodontic (Root Canal) Treatment

I, \_\_\_\_\_ have been advised by my doctor that I require endodontic treatment on tooth/teeth \_\_\_\_\_. I understand that there are alternatives to endodontic therapy including extraction and replacement of the lost tooth/teeth by a partial or complete denture, a bridge or a dental implant.

Root canals generally have a high success rate. However many factors influence the healing of a tooth after treatment. These include general health, adequate gum attachment and bone support, shape and condition of the roots and nerve canal, previous dental care and pre-existing root fracture.

In some cases, endodontic therapy can be complicated by anatomy of the root/nerve system. This can include curved or calcified (blocked) canals and small accessory canals that may be difficult to instrument. The instruments used by my dentist are state of the art nickel titanium and are able to overcome MOST of these anatomical problems. However, in some cases, an instrument may separate in a canal. In most cases, this instrument will obturate, or fill the canal as required. In rare instances, referral to a specialist may be required to remove the instrument or the tooth may be extracted.

After endodontic therapy, a tooth can still decay, but may not hurt. Good hygiene and periodic dental examinations are still recommended. With any endodontic treatment, the nerve and blood supply for the tooth are removed. This results in the tooth becoming more brittle and prone to cracks. **A CROWN IS THEREFORE RECOMMENDED.**

If pain persists or increases following treatment, please contact our office. Antibiotics may be prescribed to help treat residual infection. In rare cases, re-treatment of a root or roots may be required. The dentist will present you with the option of post treatment analgesics (pain medication). Please advise him/her of any allergies or drug interactions you may have.

Please advise the doctor of any questions you may have **PRIOR** to treatment.

No warranty or guarantee of success has been, or can be, given for ANY endodontic treatment. If the case is beyond a certain level of complexity, your doctor will suggest referral to an endodontic specialist.

**I have read and understood this consent form.**

**I hereby give consent to proceed with endodontic treatment.**

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist

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