

Consent to Perform Endodontics

			and staff after first
-		posed treatment. This disclos may give or withhold my conse	ure is not meant to frighten me. It is simply an ent.
his/her opin consequenc formation, so of alternative or not treatn would be my The doctor h	nion root canal treatment les of not treating this condi- welling, pain, loss of tooth, le treatments, benefits, and ment or referral to a specia of preferred choice of treatment	is indicated. The doctor had tion include but are not limited and/or other systemic disease risks which include are not limited (endodontist). I, however, ent.	and has advised me than in as advised me in his/her opinion and the d to worsening of the disease, infection, cystic e manifestations. The doctor has advised me nited to extraction of the infected tooth (teeth) r, believe that the root canal as noted above onsequences of any treatment, and such risks
•	surgery (with a referral to a Postoperative discomfort, s Breakage of root canal instilleft in the treated root canal Perforation of the root canal treatment by a specialist or Premature loss of tooth due Root canal treatment relies dimensional shadows which failures. Successful completion of the endodontically treated tooth	specialist), or extraction. swelling, restricted jaw opening rument during treatment which I or require surgery by a special with instruments which may result in loss of tooth. The to progressive periodontal (of heavily on radiographic inform h provide reliable but not infalt the root canal procedure does the will be more brittle and may the post filling are recommended	require additional surgical corrective gum) disease. mation. Since radiographs are essentially 2-lible information, this may lead to root canal not prevent future decay or fracture. The
The endodontic fee is \$		and does	not cover alloy, plastic restoration, or crown.
	and understand the above ommended root canal thera	• •	swered to my satisfaction. I agree to proceed
Patient's Name (printed)		Date	
		_	

Patient's Signature

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