Endodontic Consent & Information Form

We want to inform our patients about the various procedures involved in endodontic therapy and have their consent before starting treatment. Endodontic (root canal) therapy is performed to save a tooth, which might otherwise need to be removed. The alternatives to endodontic therapy include tooth extraction or waiting for more definitive development of symptoms. Risks involved in these alternative choices may include pain, infection, swelling, and loss of tooth.

Endodontics (root canal therapy) is cleaning, shaping, disinfecting and filling the space inside the root of the tooth. A treated tooth usually functions normally and is a pulp less tooth, not a dead tooth. Treatment will usually require one visit but may require more visits depending on the condition and complexity of your tooth. Local anesthetic will be used to anesthetize (numb) your tooth and digital x-rays, which require 50-70% less radiation than conventional x-rays, will be taken as indicated. (x-rays are included as part of your evaluation &/or treatment) Please advise the doctor or staff if you are pregnant or could be pregnant at the time of treatment. Some other considerations include the following:

1. The root canal fee will vary depending on the tooth being treated. Other procedures may incur additional charges.

2. Statistically, 90% of routine cases are successful. Endodontics, as with any branch of medicine or dentistry, is not an exact science thus no guarantee of treatment success can be given or implied. If the original treatment is not successful, it may be retreated, a surgical procedure may be required, or the tooth may need to be removed.

3. Endodontic treatment started in other offices or retreatment cases may have a different outcome than expected under optimal conditions.

4. Proper post-treatment restoration for the treated tooth is necessary. All root canal treated teeth require a permanent filling and almost all teeth require a crown to ensure a good seal. Until your crown is placed, please do not chew on hard foods with the tooth to prevent breaking or splitting, which may result in the need for extraction. Please contact your dentist immediately after the completion of the root canal treatment to restore your tooth (ie filling &/or crown). Our office will mail a record of your treatment to your regular dentist immediately following your appointment.

5. Possible unavoidable complications of endodontic therapy include but are not limited to: Swelling, soreness, muscle spasm, fracture of the crown or root of the tooth, separation of root canal instruments during treatment, blocked canals due to filling or prior treatment, natural calcification, damage to existing crowns or bridges, adverse reactions to anesthetics and medications administered and prescribed for treatment. Complications may be discovered during treatment, which makes treatment impossible or require dental surgery.

I fully understand the above statement and hereby give my consent for the administration of medications, anesthetics, and services deemed necessary the performance of endodontic treatment. I also authorize and request you to release to my dentist and/or insurance companies the complete dental records in your possession concerning my treatment in this office, to include assignment of all insurance benefits payable directly to Heritage Park Endodontics, P.C.

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Signature of patient or legal designate                                   Date

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Melanie A. Kim-Park, DDS, MS