



ADVANCED ENDODONTICS OF BUFFALO

INFORMED CONSENT FOR ENDODONTIC (ROOT CANAL) THERAPY

You will be required to sign it prior to initiation of the indicated treatment; however,

It does NOT commit you to treatment.

Review the following consent.

Endodontic therapy involves removal of the softer center portion of the tooth called the pulp with small metal instruments through an access created in the top portion of the tooth (crown). The resulting space inside the center portion of your tooth is filled with a rubber like material (gutta percha) and cement to seal the root canals. The root(s) of the tooth remain to anchor the tooth in your jawbone. The dental pulp is usually protected by enamel and dentin but cavities, cracks, dental restorations, periodontal disease, and trauma can damage the pulp thus causing it to degenerate. Endodontic therapy can usually be completed in one treatment appointment depending on degree of infection/inflammation and degree of treatment difficulty. It is important that you maintain scheduled appointments otherwise complications may arise. The purpose of this treatment is to treat and possibly maintain my diseased tooth and/or tissues in my mouth that would have been otherwise extracted or lost.

I understand there are **alternatives to endodontic (root canal) therapy**. They include but may not be limited to:

- 1) *No treatment at all.* My present oral condition will probably worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, cyst formation, loss of supporting bone around my teeth, and premature loss of tooth/teeth. Definitive diagnosis can be difficult and waiting until more signs/symptoms develop may be recommended.
- 2) *Extraction with nothing to fill the space.* This may result in: shifting of teeth, change in bite, periodontal disease.
- 3) *Extraction followed by a bridge, partial denture, or implant to fill the space.*

While no complications may be expected as a result of the proposed endodontic treatment, I understand that there are certain **potential risks and complications** that may still occur with my care. They include but are not limited to:

- 1) *Postoperative discomfort* or sensitivity lasting a few hours to several days, which may last longer and radiate to other areas, with intensity from slight to extreme. Most commonly the tooth is temporarily sensitive to biting following each appointment along with mild to moderate localized discomfort in the area. Sometimes healing is delayed.
- 2) *Postoperative swelling*, infection in the vicinity of the treated tooth, facial swelling, and/or discoloration of tissues which may persist for several days or longer. Occasionally a small incision to drain the swelling is required.
- 3) *Restrictive mouth opening* (trismus), jaw muscle spasm, jaw muscle cramps, temporomandibular joint difficulty, or change in bite, which occurs infrequently and usually lasts for several days but may last longer.
- 4) Endodontic treatment is a highly successful procedure for retaining teeth that would otherwise be extracted. Unfortunately, not all teeth will respond favorably to the treatment. Consequently, it is possible that your tooth may in the future require additional treatment such as another endodontic treatment, surgery, or even extraction.
- 5) *Restoration Damage* such as Porcelain Fracture while preparing an opening in the restoration or removing restoration for access to the root canals. The presence of a cavity or crack may compromise the

seal of an existing restoration and may require replacement of the restoration.

6) Premature tooth loss due to progressive periodontal (gum) disease and/or loosening of the tooth.

7) Complications resulting from use of instruments (separated instruments or perforations of the tooth, root, or sinus), materials, medications, anesthetics, and injections, including altered sensation (tingling or numbness) of the tongue, lip, chin, cheek, gums, which is very rare and usually temporary, but may be permanent.

With some teeth, conventional endodontic (root canal) therapy alone may not be sufficient and additional treatment may be required.

I understand that after endodontic therapy, my tooth will require an additional restoration (filling, onlay, crown, or bridge). I realize that should I neglect to return to my restorative (family) dentist for the proper restoration within one month that there is an increased risk of 1) failure of the endodontic therapy, 2) fracture of tooth and/or, 3) premature loss of tooth.

I understand that teeth treated with endodontic therapy can still decay. As with other teeth, the proper care of these teeth consists of good home care, sensible diet, and periodic check-ups.

Medications may be given for pain or infection. If given pain medication, you should not drive an automobile nor operate equipment that may be hazardous to yourself or others. If you are a female who is taking birth control pills, it is possible that you could become pregnant while taking an antibiotic. Consequently, an alternative form of contraception may be appropriate while taking the antibiotic.

Signed (Patient/Legal Guardian): _____ Date _____

Doctor's Signature: _____ Date _____

Witness: _____ Date _____

No guarantee of success or perfect result has been given to me. I understand the proposed treatment may not be curative and/or successful to my complete satisfaction. Dr. Hamad has explained to me the diagnosis, method and manner of the proposed procedure(s), the nature and purpose, prognosis, risks of treatment and feasible alternatives. I consent to endodontic (root canal) therapy and the administration of local anesthetic. I fully understand this consent form and it does not encompass the entire discussion regarding the proposed treatment I had with the doctor. I have had the opportunity to question the doctor concerning the nature of treatment, the inherent risks of treatment, and the alternatives to this treatment.

Initial _____

Our Courtesy Service to You for Insurance	Our Expectations of You as the Policy Owner
1. Researching your dental insurance plan and advise you of benefits available. 2. Filing Insurance within 48 hours and usually requesting payment on your benefit to our office. 3. Refiling insurance if needed.	1. Payment of estimated out of pocket fees. Promptly paying us for any remaining balance if needed. 2. Understand the insurance policy belongs to YOU and we have NO leverage to obtain payment. 3. Taking responsibility for payment if the insurance company does not pay our office within 90 days.