

**PATIENT CONSENT FOR ROOT CANAL TREATMENT EXPLANATION,  
RISKS AND TREATMENT ALTERNATIVES**

**TOOTH NUMBER:**

A root canal is a procedure designed as an attempt to save and retain a tooth that would otherwise be extracted. Treatment is intended to relieve pain and/or infection. Possible risks and complications that have been explained to me include, but are not limited to:

**During access of tooth: (Initial (partial) root canal treatment for relief of pain)**

- Possibility of a broken instrument
- Perforations (*accidental openings*) of the crown or root of the tooth
- Damage to prosthetic appliances (*crowns, bridges, porcelain veneers*)
- Extensive decay that may render the tooth non-restorable
- Post-operative pain, swelling, and/or infection
- Identification of crown or root fracture

**During root canal treatment: (Follow up appointment if this service is offered)**

- Perforations
- Root canal filling material which extends beyond the end of the root
- Blocked root canals which may prevent successful treatment
- Loss of tooth structure/weakening of tooth
- Post-operative pain, swelling and/or infection
- Chance of failure depending on extent of infection and other complications

**Treatment alternatives include:**

- Extraction**    **No treatment**    **Other** \_\_\_\_\_

Risks to my health if this procedure if not performed include but are not limited to:

- Pain    Infection    Loss of tooth

Initial (*partial*) root canal treatment for the emergency relief of pain does not obligate or commit the dental program to complete root canal treatment. During treatment, complications may arise which may complicate or make treatment more difficult, or which may require additional dental surgery or extraction. I understand that root canal treatment weakens the crown of the tooth and I will need a restoration that adequately protects the tooth after the root canal treatment has been completed. Without this restoration following the root canal treatment, it is likely the tooth will fracture or break sometime in the near future. I understand that no guarantee of success has been or can be given. All of my questions have been answered by the dentist and I fully understand the above statements. I hereby consent for the root canal treatment.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE	DATE
WITNESS	DATE
SIGNATURE OF DENTIST	DATE

<b>PATIENT IDENTIFICATION</b>
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