

Informed Consent for Regenerative Root Canal Procedure

The Regenerative root canal procedure can be a way to get continued root growth in a young tooth that is showing signs that the nerve is infected and the tooth has stopped growing.

I understand that:

- Two (or more) appointments may be necessary to complete the above treatment over 4-6 weeks.
- Medicines will be placed inside the tooth at each appointment.
- The tooth may start to look dark or change color because the tooth is no longer alive and because of the medication used.
- The tooth may not respond to the treatment. Then, an additional, different procedure can be performed to try and save the tooth.
- Pain and/or swelling may occur after the above treatment is performed.
- If the attempts to save the tooth are unsuccessful the tooth may need to be removed.

I HAVE REVIEWED the idea of Root Regrowth with the dentist, and have had a chance to ask questions about the recommended treatment. I understand the need for this planned treatment, and I, _____ consent to the regenerative root canal procedure on tooth # _____.

Patient/Parent/Legal Guardian Signature: _____

Witness: _____

Doctor: _____

Date and Time: _____

PATIENT IDENTIFICATION:

Patient Name:

Chart Number:

Date of Birth: