



Consent for Endodontic (Root Canal) Procedures:

I understand the goal of endodontic root canal treatment is to retain a tooth that may otherwise require extraction. Although root canal treatment usually has a high degree of clinical success, it is a dental-biological procedure, whose results cannot be guaranteed. Occasionally, root canal treatment may fail, requiring surgical re-treatment of the tooth or even tooth loss resulting in the need for implants, bridgework, or a partial denture to replace the missing tooth.

At any time during the course of the root canal treatment procedure unforeseen complications may necessitate the referral to a specialist.

Once endodontic therapy is complete, I understand that my tooth may require a permanent restoration such as a crown or onlay. I realize that fracture and tooth loss due to brittleness is possible unless one of these restorations is placed on the treated tooth.

I have had the opportunity to have any questions about the procedures answered prior to undertaking endodontic therapy on tooth _____.

Signed: _____

Name: _____

Date: _____