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Specialists in Endodontics

**INFORMATION ABOUT AND CONSENT FOR ENDODONTIC TREATMENT
(Root Canal)**

ENDODONTIC TREATMENT HAS BEEN RECOMMENDED. WHAT ARE MY ALTERNATIVES?

Endodontic treatment has been recommended as a procedure to be done on your tooth in an attempt to postpone the loss of a tooth that may otherwise require extraction. Your alternatives to the proposed treatment are to have no treatment done, waiting for more definite development of symptoms, or to have the tooth extracted. If no treatment is done, there is the risk of swelling, infection, pain and loss of the tooth. If the tooth is extracted, then some form of an artificial replacement tooth may be constructed.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Complications are rare. While no complications may be expected as a result of the proposed endodontic treatment, it is possible that complications may still occur with your care. Most of the complications that can occur are a normal consequence of treating teeth that have problems similar to yours. These complications may require additional treatment.

***Possible complications of treatment include, but are not limited to, the following:**

- a. Procedural difficulties during treatment (may include a instrument breakage in the canal or a perforation - an artificial opening or canal that exits to the side of the root).
- b. Fracture of the crown or root.
- c. Swelling, pain, or discoloration of the soft or hard adjacent tissues.
- d. Additional unknown or unspecified problems, the explanation for and the responsibility of which cannot be given or assumed.

Endodontic treatment is a highly successful procedure for postponing the loss of teeth that would otherwise be extracted. Unfortunately, not all teeth will respond favorably to the treatment. **Based on the research, around 10% of teeth treated with a root canal will not heal properly and you may experience persisting discomfort.** This does not absolve you of your financial responsibility for treatment rendered. Cases that have been started in other offices or require re-treatment of a previous root canal are sometimes more difficult and may have a lower success rate than would be expected under optimal conditions. Consequently, it is possible that your tooth may in the future require additional treatment such as another endodontic treatment, surgery, or even extraction.

Local anesthetic is usually required and a minimum number of X-rays will be taken as needed.

Medications may be given for pain or infection. If given pain medication, you cannot drive an automobile nor operate equipment that may be hazardous to yourself or others while under the influence of the pain medication. 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.

**To protect your tooth from decaying or fracturing, you will need to return
to your dentist for a permanent filling or crown.**

CONSENT FOR TREATMENT

I have read the above and I understand that no treatment is without some measure of risk and the risks of the proposed treatment have been explained to me. I prefer to undergo the ENDODONTIC (root canal) procedure in order to attempt to postpone the loss of my tooth. Consequently, I hereby authorize Dr. Holt, Dr. Doms, and their assistants to perform the necessary endodontic procedures which have been described to me. I further request and authorize them to do whatever they deem advisable and necessary as a result of unforeseen circumstances.

Endodontic Treatment (Root Canal Therapy)

Procedure _____

Signed _____ Date _____
(Patient, Parent or Guardian of Minor Patient)

Witness _____