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Date:

INFORMED CONSENT: ENDODONTIC TREATMENT

Dr. Victor Sun has explained the benefits and risks of endodontic treatment to me. Referral to a specialist (endodontist) has been offered.

I understand that endodontic treatment is required in order to save the tooth for me and it involves the removal of the infected tissue from the root canal, filling and sealing of the space that is created during the process of removal and cleansing of the root canal system.

I further understand that the root canal treatment may fail if proper restoration of the tooth with an onlay or crown is not completed after the root canal treatment is done, and that such restoration is a separate and distinct procedure with an additional fee.

I further understand that there may exist crack(s) within the root canal system which are not able to be detected clinically or radiographically and that they may lead to root canal treatment failure. The tooth may need extraction even after the root canal treatment.

I further understand that there may be some unwanted complications, some of which are listed below. Treatment risks/unwanted consequences may be (but are not limited to):

- Reaction to medications/anaesthetics
- Temporary or permanent numbness or tingling of the lip chin, tongue, or other areas
- Potential for retreatment, possibly by an endodontist
- Potential for surgical treatment, possibly by an endodontist
- Instrument breakage in the tooth/ perforation of the root(s)
- Recurrent decay
- Color of the tooth may change (become darker than adjacent tooth)
- Post-treatment swelling and/or pain
- Post-treatment infection
- Root fracture/ crown fracture.
- Extraction of the tooth (teeth) following failure of endodontic treatment and the need for additional treatment.

No guarantees have been made or implied. Alternative treatment(s) and the option of no treatment have been explained to me. I understand that an alternative treatment may include extraction of the involved tooth or teeth.

Proposed fees have been explained to me.  
The fee(s) for the endodontic treatment is/are \_\_\_\_\_.

All of my questions have been addressed.

Patient's name: \_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_