

Hidden Valley Dentistry

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Informed Consent for Endodontic Treatment

Patient Name: _____

Tooth # _____

The Medical Consent Law requires doctors to advise patients of the general risks of the treatment procedures, the acceptable treatment alternatives, and the risks inherent in the proposed procedures.

I voluntarily consent to the endodontic treatment (root canal) that has been recommended. I understand that the goal of the root canal treatment is to save a tooth that might otherwise require extraction. Although root canal treatment has a very high success rate (over 90%), it is a dental and biological procedure, whose results cannot be guaranteed. Further, root canal treatment is performed to correct an apparent problem and occasionally undiagnosed or hidden problems arise. I understand that this procedure will not prevent future tooth decay or a possible fracture, and that occasionally a tooth that has had root canal treatment may require re-treatment, surgery, or tooth extraction.

The treatment has been fully explained to me including the risks involved. I have been informed that complication might include, but are not limited to:

- Perforation of the canal with instruments
- Instrument breakage in the canal
- Incomplete healing
- Post-Operative discomfort and/or infection
- Tooth fracture/ Crown fracture
- Post- Operative numbness

I understand that there are alternatives (with associated risk) to root canal therapy. They include, but are not limited to:

- No treatment. My present oral condition will likely worsen with time, and the risks to my health may include, but are not limited to: pain, swelling, infection, loss of supporting bone around teeth, premature loss of tooth/teeth and possibly systemic infection
- Extraction with nothing to fill the space. This may result in shifting of teeth, change in bite, periodontal disease, and/or TMJ problems.
- Extraction followed by bridge treatment, partial denture, or dental implant to fill the space.

After completing the root canal, you may need to schedule for the permanent restoration (crown, bridge, filling, onlay). **Failure to have the tooth properly restored significantly increases the risk of re-infection, failure of the root canal, and/or tooth fracture.**

I have had the opportunity to ask questions of my doctor and am fully satisfied with the answers that I have received and consent to treatment.

Patient/ Guardian: _____

Witness: _____ **Date:** _____ **Tooth #** _____