

James W. Spradley D.D.S.

INFORMED CONSENT

Endodontics, or root canal therapy, is a procedure performed to retain a tooth that may otherwise be removed. The therapy consists of local anesthesia, then the removal of the soft tissue or pulp, from the middle of the tooth, as well as the bacteria that occupies the same area. This is followed by the obturation/filling of the space created. Other treatment options that have been/will be discussed include no treatment, which is not recommended and extraction of the tooth. Although endodontics is highly successful, it is a biological procedure and further treatment may be necessary, and may include the eventual loss of the tooth.

Risks of endodontic therapy include further infection, soreness or pain, separation of delicate instruments within the tooth perforation of the tooth surface, and fracture of the tooth. Other rare risks are present.

Following endodontic therapy the tooth must be provided with a permanent restoration in order to assure the highest chance of tooth survival. Most teeth require crowning or capping. This service is typically provided by the family dentist and an appointment should be made immediately.

Your signature below affirms that you consent to endodontic therapy on tooth #(s) _____ you are aware of what endodontic therapy entails; you are also aware of risks; you understand the other treatment options; you understand that further treatment may be needed and may involve tooth extraction; you are aware that a further treatment may be needed and may involve tooth extraction; you are aware that a restorative dentist must be seen for a permanent restoration on the above tooth #(s).

Payment is due when treatment is completed.

PATIENT OR GUARDIAN

DATE

DOCTOR

DATE

WITNESS

DATE