

Northern Arizona Endodontics  
Dr. Brian Kleinman

CONSENT FOR ROOT CANAL TREATMENT

Patients Name \_\_\_\_\_ Tooth# \_\_\_\_\_

The purpose of root canal therapy is to retain teeth that would otherwise have to be extracted (removed). Endodontic treatment has a very high degree of success and in most cases, there is only mild discomfort if any, following each treatment. This is usually controlled with Tylenol, Advil, or prescribed medication.

As any medical or dental treatment however, this treatment has no complete guarantee of success. The most common complications with root canal therapy include, but are not limited to: Continued infection, calcified canals, or canals blocked by broken instruments possibly requiring endodontic (root canal) surgery or extraction of the tooth, pain, requiring use of medication, and fractures (breaking) of the root or crown of the tooth during or after treatment. Overfilling the canals with inert material, perforation of the roots by small instruments used during the procedure. Permanent or temporary numbness to the cheeks, lip, tongue, gums. All crowns are subject to breakage. I understand that once root canal treatment is completed, I must have a permanent restoration place by my regular dentist within a few weeks. If I fail to have the tooth restored, I risk a failure of the root canal treatment, decay, infection, tooth fracture and/or loss of the tooth.

Other treatment choices include: no treatment, waiting for more definite development of symptoms, and tooth extraction. Risks involved in these choices might include pain, infection, swelling, loss of teeth, and infection to other areas.

“I have read and understand the above, and hereby consent to treatment.” By signing below, I acknowledge that I have read, I understand and I consent Northern Arizona Endodontics' privacy statement.

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Patient/Parent or Guardian Signature

Date