

**Endodontics Consent Form:
(Root Canals, Retreatment, Apexification, Apexogenesis, Pulpotomy, MTA repairs)**

I UNDERSTAND that ROOT CANAL THERAPY includes possible inherent risks, such as, but not limited to the following:

1. In some teeth, regular root canal therapy alone may not be sufficient. If the canals are blocked, excessively curved, inaccessible, inadvertent pulp chamber or root perforation occurs, or if there is substantial infection in the bone around the tooth, additional oral surgery, including apicoectomy or possibly extraction may become necessary.
2. If sealer materials leak out the apex of the tooth then these materials can wrap around and injure a larger nerve in the jaw causing permanent nerve injury and/or nerve pain.
3. Root canal treated teeth may become somewhat brittle and subject to cracking or fracturing. Crowning (capping) the tooth is the best prevention to avoid this problem from occurring.
4. Root canal treated teeth must be protected. During and after treatment, your tooth will have a temporary filling. (Should this come out, please call us for a replacement). It is advisable to crown the tooth as soon as possible.
5. Root canal therapy is not always successful: Many factors influence success: adequate gum tissue attachment and bone support; oral hygiene; previous and present dental care; general health; absence of trauma; pre-existing undetectable root fractures. No matter how successfully a tooth may appear to be treated, there is the possibility of failure and consequent extraction.
6. Root fracture is one of the main reasons why root canals fail. Unfortunately, hairline cracks are almost always invisible and undetectable. Causes of root fractures are trauma, inadequately protected teeth, cracking of the tooth, large fillings, improper bite, excessive wear, habitual grinding of teeth, etc. Root fracture after or prior to treatment, usually necessitates extractions.
7. There are alternatives to root canal treatment. These alternative (though not of choice) include: no treatment; extraction; extraction followed by bridge placement or partial denture placement; and/or extraction followed by implant placement.
8. Because of the fragility and small diameter of root canal Instruments used in root canal treatment, there is the possibility of instrument separation. This may in some instances necessitate either root surgery or extraction of the tooth.
9. ONCE TREATMENT IS BEGUN, it is absolutely necessary that the root canal treatment be completed. One or more appointments may be required to complete treatment. It is a patient's responsibility to seek attention should any undue circumstance occur; and the patient must diligently follow any and all preoperative and/or postoperative instructions given to them.
10. It is possible the tooth may become perforated with an endodontic instrument. This means a small hole is created in an area of the tooth that is not desirable and often times detrimental to the success of the root canal procedure. In this event the tooth must be repaired with special medicine called MTA. Sometimes the perforation is too large or difficult to repair and the tooth may need to be extracted.

11. If your tooth has a large cavity on it (almost 50% of the tooth is carious) then the tooth may not be salvageable at all. We may initiate root canal therapy in hopes of saving the tooth but then find a problem intra-operatively (during the procedure) that causes us to abort the root canal and recommend extraction of the tooth. This is very possible and even highly likely to occur with any tooth that has nearly 50% of its structure decayed and/or damaged.

12. You may have adverse reaction to the sodium hypochlorite (bleach) with swelling.

INFORMED CONSENT: I have been given the opportunity to ask any questions regarding the nature and purpose of root canal treatment and have received answers to my satisfaction. I do voluntarily assume any and all possible risks, including risk of substantial harm, if any, which may be associated with any phase of this treatment in hopes of obtaining the desired potential results, which may or may not be achieved. No promises or guarantees have been made to me concerning the results. The fees for this service have been explained to me and are satisfactory. By signing this form, I am freely giving my consent to allow and authorize Dr. Miamee and/or his associates to render any treatment necessary and/or advisable to my dental conditions, including any and all anesthetics and/or medications.

Financial Consent Portion:

This is just an estimate not a guarantee of payment by your insurance company. All payments are due at the time of service. In the event that your insurance pays less than the estimated portion the patient is responsible for the balance.

Legal Fees:

The dental company is entitled to claim legal fees and lost wages incurred for any situation where legal action against the dental company is initiated and ultimately unsuccessful.