

Simon Fraser Dental Centre

CONSENT FOR ENDODONTIC (ROOT CANAL) TREATMENT

PATIENT NAME: _____

TOOTH NUMBER: _____

The following are the complications that might occur during or after root canal treatment:

- Possibility of separated instruments which may prevent successful treatment
- Perforations (accidental openings) of the crown or root of the tooth
- Identification of crown or root fracture during or after treatment
- Damage to existing crowns, bridges, or other appliances
- Root canal filling material which extends beyond the end of the root
- Blocked root canals which may prevent successful treatment
- Loss of tooth structure/weakening of tooth
- Post-operative pain, swelling, and / or infection
- A 5% to 10% chance of failure
- Other: _____

The **benefits** of successful root canal treatment include the relief of pain and the ability to retain the tooth with comfort and function.

I understand that during the treatment, complications may arise which complicate or make treatment more difficult, or which may require additional dental surgery.

I understand that root canal treatment weakens the crown of the tooth. The dentist has explained to me the **need for a restoration (crown or “cap”)** which adequately protects the tooth after root canal treatment has been completed. I understand that no guarantee of success has been or can be given. All of my questions have been answered by the dentist and I fully understand all the above statements contained in this consent form.

Signature of Patient/ Parent/ Legal Guardian

Date

Signature of Dentist