

Family Smile Center, LLC
5950 Frederick Crossing Lane, Suite 201
Frederick, MD 21704
301-663-9484

Informed Consent for Root Canal Therapy

This is my consent to Root Canal Therapy, as well as any other procedures deemed necessary or advisable as a corollary to that treatment, to be performed by Family Smile Center, LLC.

I understand that Root Canal Therapy is a procedure to retain a tooth that may otherwise require extraction. Although Root Canal Therapy has a very high degree of clinical success, it still is a biological procedure, so it cannot be guaranteed. Occasionally a tooth that has had Root Canal Therapy may require retreatment, surgery, or even extraction.

Complications of Root Canal Therapy and local anesthesia may include swelling, discomfort, infection, bleeding, sinus involvement, and numbing or tingling of the lip, gum or tongue which rarely is protracted and even more rarely is permanent. During treatment there is the possibility of instruments breaking within the root canals, perforations (extra openings) of the crown or root of the tooth; damage to existing bridges, fillings, crowns, or veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment, we may encounter situations which make treatment impossible or which may require dental surgery or referral to a specialist.

I understand that medications for pain and sedation may cause drowsiness, which can be increased by the use of alcohol or other drugs. I will avoid operating any vehicle or hazardous devices while taking such medications. I further understand that certain medications may cause hives, swelling, or intestinal problems. If any unusual reactions occur, I am to call the doctor immediately. Antibiotics may interfere with oral contraceptives; therefore women on birth control pills should practice an alternate form of birth control while taking antibiotics.

Other treatment choices include no treatment, waiting for more definitive symptoms to develop, or tooth extraction. Risks involved in these choices might involve pain, infection, swelling, loss of teeth, and the spread of infection to other areas of the body.

I understand that after Root Canal Therapy the tooth will require restoration with a filling or post & core and crown, which are billed as separate dental procedures. If I fail to properly restore the tooth, damage may occur requiring extraction of the tooth.

Signature

Date

Witness

Date