

BROADWAY DENTAL CARE

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CONSENT FOR ENDODONTIC (ROOT CANAL) TREATMENT

At Broadway Dental Care, we strongly believe that you should be informed about the treatment and its risks and that you should give your consent before starting that treatment. The purpose of this form is to outline the risks that may occur in the root canal treatment.

RISKS of ENDODONTIC THERAPY: These risks include instruments broken within the root canals, perforations (extra opening) of the crown or root of the tooth, damage to bridges, existing fillings, crowns or porcelain veneers, loss of tooth structure in gaining access to canals, and cracked teeth. During treatment, complications may be discovered which make treatment impossible or which may require dental surgery. These complications may include: blocked canals due to fillings, prior treatment, natural calcification; broken instruments; curved roots; periodontal disease; and splits or fractures of the teeth.

TREATMENT ALTERNATIVES: no treatment OR extraction (having the tooth removed). Risks involved in these choices might include pain, swelling, infection, loss of tooth, and infection to other areas. Treatment will be done in a manner to minimize or avoid risks. Root canal treatment is an attempt to retain a tooth which may otherwise require extraction. Although root canal therapy has an average success rate of 92%, it cannot be guaranteed. Occasionally a tooth which has had root canal therapy may require re-treatment, surgery, or even extraction. If the root canal treatment of a tooth is more complicated than anticipated, the root canal may not be finished by our office and be referred to root canal specialist for completion.

I understand that during 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 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.

Treatment tooth : _____

Patient's Signature: _____ Date: _____

Doctor's Signature: _____

Witness's signature: _____